| Fill in this information to identify your case: |                                 |                                    |
|---|---------------------------------|------------------------------------|
| United States Bankruptcy Court for the:         |                                 |                                    |
| EASTERN DISTRICT OF NEW YORK                    | _                               |                                    |
| Case number (if known)                          | _ Chapter you are filing under: |                                    |
|   | Chapter 7                       |                                    |
|   | ☐ Chapter 11                    |                                    |
|   | ☐ Chapter 12                    |                                    |
|   | ☐ Chapter 13                    | Check if this is an amended filing |

### Official Form 101

# **Voluntary Petition for Individuals Filing for Bankruptcy**

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Pa | Part 1: Identify Yourself   |  |   |   |  |  |  |  |
|----|---|--|---|---|--|--|--|--|
|    |   | About Debtor 1:                          |   | About Debtor 2 (Spouse Only in a Joint Case): |  |  |  |  |
| 1. | Your full name  |  |   |   |  |  |  |  |
|    | Write the name that is on your government-issued picture identification (for example, your driver's license or passport). | Joseph First name  E Middle name         |   | First name  Middle name                       |  |  |  |  |
|    | Bring your picture identification to your meeting with the trustee.   | Last name and Suffix (Sr., Jr., II, III) | _ | Last name and Suffix (Sr., Jr., II, III)      |  |  |  |  |
| 2. | All other names you have used in the last 8 years   |  |   |   |  |  |  |  |
|    | Include your married or maiden names.   |  |   |   |  |  |  |  |
| 3. | Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)         | xxx-xx-0570                              |   |   |  |  |  |  |

| Debtor 1 Joseph E Landi  |   | Case number (if known)   |  |  |
|--|---|--|--|--|
|  |   |  |  |  |
|  | About Debtor 1:   | About Debtor 2 (Spouse Only in a Joint Case):  |  |  |
| 4. Any business names and<br>Employer Identification<br>Numbers (EIN) you have |   | ☐ I have not used any business name or EINs.   |  |  |
| used in the last 8 years   |   |  |  |  |
| Include trade names and doing business as names                                | Business name(s)  | Business name(s)   |  |  |
|  | EINs  | EINs   |  |  |
| 5. Where you live  |   | If Debtor 2 lives at a different address:  |  |  |
|  | 630 South 6th Street<br>Lindenhurst, NY 11757   |  |  |  |
|  | Number, Street, City, State & ZIP Code  | Number, Street, City, State & ZIP Code   |  |  |
|  | Suffolk   |  |  |  |
|  | County  | County   |  |  |
|  | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. |  |  |
|  | Number, P.O. Box, Street, City, State & ZIP Code  | Number, P.O. Box, Street, City, State & ZIP Code   |  |  |
| 6. Why you are choosing  | Check one:  | Check one:   |  |  |
| this district to file for<br>bankruptcy  | Over the last 180 days before filing this petition,<br>I have lived in this district longer than in any<br>other district.                          | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.                       |  |  |
|  | ☐ I have another reason.<br>Explain. (See 28 U.S.C. § 1408.)  | ☐ I have another reason.<br>Explain. (See 28 U.S.C. § 1408.)   |  |  |
|  |   |  |  |  |

| Deb | otor 1 Joseph E Landi  |                         |  |  | Case number (if known)   |   |
|-----|--|-------------------------|--|--|--|---|
|     |  |                         |  |  |  |   |
| Par | t 2: Tell the Court About  | our Bankruptc           | y Case                                       |  |  |   |
| 7.  | The chapter of the Bankruptcy Code you are   |                         |  | n of each, see <i>Notice Required by</i> of page 1 and check the appropriat  | 11 U.S.C. § 342(b) for Individuals Filing<br>e box.  | for Bankruptcy                              |
|     | choosing to file under   | Chapter 7               |  |  |  |   |
|     |  | ☐ Chapter 11            |  |  |  |   |
|     |  | ☐ Chapter 12            |  |  |  |   |
|     |  | ☐ Chapter 13            |  |  |  |   |
|     |  |                         |  |  |  |   |
| 8.  | How you will pay the fee   | about ho<br>order. If y | w you may pay. Ty                            | pically, if you are paying the fee yo  | k with the clerk's office in your local cou<br>ourself, you may pay with cash, cashier<br>alf, your attorney may pay with a credit   | 's check, or money                          |
|     |  | ☐ I need to             | pay the fee in ins                           | stallments. If you choose this optic   | on, sign and attach the Application for I  | ndividuals to Pay                           |
|     |  |                         | •  | nts (Official Form 103A).  |  |   |
|     |  | but is not applies to   | t required to, waive<br>b your family size a | e your fee, and may do so only if yo<br>and you are unable to pay the fee ir | n only if you are filing for Chapter 7. By<br>ur income is less than 150% of the offic<br>n installments). If you choose this option<br>cial Form 103B) and file it with your peti | cial poverty line that n, you must fill out |
|     |  | ию порт                 | saudi to Have the                            | Chapter 1 1 ming 1 00 Walvou (Cine   | our room rood, and me it wan your pea  | 1011.                                       |
| 9.  | Have you filed for   | ■ No.                   |  |  |  |   |
|     | bankruptcy within the last 8 years?  | ☐ Yes.                  |  |  |  |   |
|     |  | Dist                    | rict   | When   | Case number  |   |
|     |  | Dist                    | rict   | When   | Case number  |   |
|     |  | Dist                    | rict   | When   | Case number  |   |
| 10. | Are any bankruptcy   | ■ No                    |  |  |  |   |
|     | cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate? | ☐ Yes.                  |  |  |  |   |
|     |  | Deb                     | otor   |  | Relationship to you  |   |
|     |  | Dist                    | rict   | When   | Case number, if known  |   |
|     |  | Deb                     | otor   |  | Relationship to you  |   |
|     |  | Dist                    | rict   | When   | Case number, if known  |   |
| 11. | Do you rent your   | □ No. Go                | to line 12.                                  |  |  |   |
|     | residence?   | ■ Yes. Ha               | is your landlord ob                          | tained an eviction judgment agains   | t you?   |   |
|     |  | <b>-</b> 1es. <b>-</b>  | No. Go to line                               | e 12.  |  |   |
|     |  | _                       | Yes. Fill out <i>li</i><br>bankruptcy pe     |  | Judgment Against You (Form 101A) an  | d file it with this                         |
|     |  |                         |  |  |  |   |

| Deb  | tor 1                               | Joseph E Landi  |                            |   |                                    | Case number (if known)  |  |  |
|------|-------------------------------------|---|----------------------------|---|------------------------------------|---|--|--|
|      |                                     |   |                            |   |                                    |   |  |  |
| Pari | 3: F                                | Report About Any Bu   | sinesses                   | You Own   | as a Sole Proprie                  | tor   |  |  |
| 12.  | Are v                               | ou a sole proprietor  |                            |   |                                    |   |  |  |
|      | •                                   | y full- or part-time  | i-time ■ No. Go to Part 4. |   |                                    |   |  |  |
|      | A!-                                 |   | ☐ Yes.                     | Name  | and location of bus                | siness  |  |  |
|      | busine<br>an inc<br>separ<br>as a c | e proprietorship is a<br>ess you operate as<br>lividual, and is not a<br>ate legal entity such<br>corporation,<br>ership, or LLC. |                            | Name  |                                    |   |  |  |
|      | sole p                              | have more than one proprietorship, use a late sheet and attach  |                            | Number, Street, City, State & ZIP Code  |                                    |   |  |  |
|      |                                     | nis petition.   |                            | Check   | the appropriate bo                 | ox to describe your business:   |  |  |
|      |                                     |   |                            | ☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))   |                                    |   |  |  |
|      |                                     |   |                            | ☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))   |                                    |   |  |  |
|      |                                     |   |                            |   | Stockbroker (as d                  | defined in 11 U.S.C. § 101(53A))  |  |  |
|      |                                     |   |                            | Commodity Broker (as defined in 11 U.S.C. § 101(6))   |                                    |   |  |  |
|      |                                     |   |                            |   | None of the above                  | e   |  |  |
| 13.  | Chap<br>Bank                        | ou filing under<br>ter 11 of the<br>ruptcy Code and are<br>small business   | deadlines<br>operation     | are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriations. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statementations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedu. S.C. 1116(1)(B). |                                    |   |  |  |
|      |                                     | definition of small   | No.                        | I am n  | ot filing under Chap               | pter 11.  |  |  |
|      |                                     | ess debtor, see 11<br>§ 101(51D).   | □ No.                      | I am fi<br>Code.  | ling under Chapter                 | 11, but I am NOT a small business debtor according to the definition in the Bankruptcy  |  |  |
|      |                                     |   | ☐ Yes.                     | I am fi   | ling under Chapter                 | 11 and I am a small business debtor according to the definition in the Bankruptcy Code. |  |  |
| Part | 4: F                                | Report if You Own or  | Have Anv                   | Hazardo   | us Property or An                  | y Property That Needs Immediate Attention   |  |  |
|      | Do yo                               | ou own or have any  | ■ No.                      |   | . ,                                |   |  |  |
|      |                                     | erty that poses or is ed to pose a threat   | ☐ Yes.                     |   |                                    |   |  |  |
|      | of imi                              | minent and<br>fiable hazard to  | □ Tes.                     | What is t   | he hazard?                         |   |  |  |
|      | Or do                               | c health or safety?<br>you own any<br>erty that needs<br>diate attention?   |                            |   | ate attention is why is it needed? |   |  |  |
|      | perish<br>livesto<br>or a b         | example, do you own<br>nable goods, or<br>ook that must be fed,<br>uilding that needs<br>t repairs?                               |                            | Where is  | the property?                      |   |  |  |
|      | -                                   |   |                            |   |                                    | Number, Street, City, State & Zip Code  |  |  |
|      |                                     |   |                            |   |                                    |   |  |  |

Debtor 1 Joseph E Landi Case number (if known)

Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling

15. Tell the court whether you have received a briefing about credit

counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

#### About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|--|
| counseling because of:                               |

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

| Deb | otor 1 Joseph E Landi  |  |   |   | Case number (if known)   |   |  |
|-----|--|--|---|---|--------------------------|---|--|
| Par | t 6: Answer These Quest  | ions for R   | eporting Purposes   |   |                          |   |  |
|     | What kind of debts do you have?                                | 16a.   | Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by individual primarily for a personal, family, or household purpose." |   |                          |   |  |
|     |  |  | ☐ No. Go to line 16b.   |   |                          |   |  |
|     |  |  | Yes. Go to line 17.   |   |                          |   |  |
|     |  | 16b.   | Are your debts primarily busi money for a business or investr   |   |                          |   |  |
|     |  |  | ☐ No. Go to line 16c.   |   |                          |   |  |
|     |  |  | ☐ Yes. Go to line 17.   |   |                          |   |  |
|     |  | 16c.   | State the type of debts you owe   | e that are not consumer debt                        | s or business debts      |   |  |
| 17. | Are you filing under Chapter 7?                                | □ No.  | I am not filing under Chapter 7.  | Go to line 18.                                      |                          |   |  |
|     | Do you estimate that after any exempt property is excluded and | ■ Yes.   | I am filing under Chapter 7. Do are paid that funds will be avail   |   |                          | cluded and administrative expenses                                  |  |
|     | administrative expenses are paid that funds will               |  | ■ No  |   |                          |   |  |
|     | be available for distribution to unsecured creditors?          |  | ☐ Yes   |   |                          |   |  |
| 18. | How many Creditors do  | <b>1</b> -49   |   | □ 1,000-5,000                                       | <b>□</b> :               | 25,001-50,000   |  |
|     | you estimate that you owe?                                     | □ 50-99  |   | ☐ 5001-10,000                                       |                          | 50,001-100,000  |  |
|     |  | □ 100-1<br>□ 200-9   |   | <b>1</b> 0,001-25,000                               | Ш                        | More than100,000  |  |
| 19. | How much do you  | <b>\$0 - \$</b>  | 50.000  | □ \$1,000,001 - \$10 mil                            | llion 🔲 :                | \$500,000,001 - \$1 billion   |  |
|     | estimate your assets to be worth?                              | □ \$50,0   | 01 - \$100,000  | □ \$10,000,001 - \$50 n                             |                          | \$1,000,000,001 - \$10 billion                                      |  |
|     |  | □ \$100,001 - \$500,000<br>□ \$500,001 - \$1 million   |   | □ \$50,000,001 - \$100 cc   □ \$100,000,001 - \$500 |                          | ☐ \$10,000,000,001 - \$50 billion☐ More than \$50 billion           |  |
| 20. | How much do you  | <b>\$0 - \$</b>  | 50,000  | □ \$1,000,001 - \$10 mil                            | llion 🔲 :                | \$500,000,001 - \$1 billion   |  |
|     | estimate your liabilities to be?                               | <b>□</b> \$50,0  | 001 - \$100,000   | □ \$10,000,001 - \$50 n                             |                          | \$1,000,000,001 - \$10 billion                                      |  |
|     |  | □ \$100,001 - \$500,000<br>□ \$500,001 - \$1 million   |   | □ \$50,000,001 - \$100  <br>□ \$100,000,001 - \$500 |                          | \$10,000,000,001 - \$50 billion<br>More than \$50 billion           |  |
| Dom | Ciam Dalaus  | <b>—</b> \$000,  |   |   |                          |   |  |
| Par |  | l boyo oy  | raminad this natition, and I dealer   | rounder possituret perium, th                       | and the information pro  | wided in true and correct   |  |
| FOI | you  | I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.  If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, |   |   |                          |   |  |
|     |  |  | chosen to file under Chapter 7, I tates Code. I understand the relie  |   |                          |   |  |
|     |  |  | rney represents me and I did not<br>nt, I have obtained and read the r  |   |                          | ney to help me fill out this  |  |
|     |  | I request  | relief in accordance with the cha   | apter of title 11, United States                    | s Code, specified in the | nis petition.   |  |
|     |  |  |   |   |                          | y by fraud in connection with a both. 18 U.S.C. §§ 152, 1341, 1519, |  |
|     |  |  | eph E Landi<br>E Landi  | Signati   | ure of Debtor 2          |   |  |
|     |  |  | e of Debtor 1   | Signati   | are or Debitor 2         |   |  |
|     |  | Executed   |   | Execut  |                          |   |  |
|     |  |  | MM / DD / YYYY  | <del>_</del>  | MM / DD / Y              | /YY   |  |

| Debtor 1 Joseph E Landi   |   | Cas                        | e number (if known)   |
|---|---|----------------------------|---|
|   |   |                            |   |
| For your attorney, if you are represented by one                                    | under Chapter 7, 11, 12, or 13 of title 11, United  | States Code, and have e    | informed the debtor(s) about eligibility to proceed explained the relief available under each chapter debtor(s) the notice required by 11 U.S.C. § 342(b) |
| If you are not represented by<br>an attorney, you do not need<br>to file this page. | and, in a case in which § 707(b)(4)(D) applies, conscient schedules filed with the petition is incorrect. | ertify that I have no know | ledge after an inquiry that the information in the  |
|   | /s/ Richard F. Artura   | Date                       | December 6, 2019  |
|   | Signature of Attorney for Debtor  |                            | MM / DD / YYYY  |
|   | Richard F. Artura ra8161  Printed name  |                            |   |
|   | Phillips, Artura & Cox Firm name  |                            |   |
|   | 165 South Wellwood Avenue<br>Lindenhurst, NY 11757  |                            |   |
|   | Number, Street, City, State & ZIP Code  Contact phone 631-226-2100  | Email address              | Bankruptcy@pwqlaw.com   |
|   | ra8161 NY   | Linai addiess              | Dania apicy epinqua.com   |
|   | Bar number & State  |                            |   |

| Fill                 | in this informa                    | tion to identify your   | case:  |  |                                    |                |                            |
|----------------------|------------------------------------|---|--|--|------------------------------------|----------------|----------------------------|
| Deb                  | tor 1                              | Joseph E Landi  |  |  |                                    |                |                            |
| Doh                  | tor 2                              | First Name  | Middle Name                                      | Last Name  |                                    |                |                            |
|                      | use if, filing)                    | First Name  | Middle Name                                      | Last Name  |                                    |                |                            |
| Unit                 | ed States Bank                     | ruptcy Court for the:   | EASTERN DISTRIC                                  | T OF NEW YORK  |                                    |                |                            |
| Cas<br>(if kn        | e number                           |   |  |  |                                    | _              | if this is an<br>ed filing |
|                      |                                    |   |  |  |                                    |                |                            |
| Of                   | ficial Forr                        | m 106Sum  |  |  |                                    |                |                            |
| Su                   | mmary of                           | Your Assets   | and Liabilities                                  | and Certain Statis   | stical Information                 | າ 1            | 2/15                       |
| infor                | mation. Fill ou<br>original forms  | t all of your schedul   | es first; then complet                           | ople are filing together, bot<br>the the information on this fon<br>neck the box at the top of the | orm. If you are filing ame         |                |                            |
| r ar                 | Camma                              | izo Tour Assets   |  |  |                                    | Your as        | cotc                       |
|                      |                                    |   |  |  |                                    |                | what you own               |
| 1.                   | Schedule A/E<br>1a. Copy line      | <b>3: Property</b> (Official Foundation Foundatio | orm 106A/B)<br>rom Schedule A/B                  |  |                                    | . \$           | 0.00                       |
|                      | 1b. Copy line                      | 62, Total personal pro  | perty, from Schedule A                           | VB   |                                    | . \$           | 8,895.00                   |
|                      | 1c. Copy line                      | 63, Total of all propert  | y on Schedule A/B                                |  |                                    | \$             | 8,895.00                   |
| Part                 | 2: Summar                          | ize Your Liabilities  |  |  |                                    |                |                            |
|                      |                                    |   |  |  |                                    | Your lia       | <b>bilities</b><br>you owe |
| 2.                   |                                    |   |  | erty (Official Form 106D)<br>, at the bottom of the last pag                                       | ge of Part 1 of <i>Schedule D.</i> | \$             | 2,464.00                   |
| 3.                   |                                    |   | Unsecured Claims (Off<br>1 (priority unsecured c | ficial Form 106E/F)<br>laims) from line 6e of <i>Sched</i> u                                       | ule E/F                            | \$             | 0.00                       |
|                      | 3b. Copy the                       | total claims from Part  | 2 (nonpriority unsecure                          | ed claims) from line 6j of <i>Sch</i>  | nedule E/F                         | . \$           | 14,884.99                  |
|                      |                                    |   |  |  |                                    |                |                            |
|                      |                                    |   |  |  | Your total liabilitie              | es   \$        | 17,348.99                  |
| Part                 | 3: Summar                          | ize Your Income and   | l Expenses                                       |  |                                    | <u> </u>       |                            |
| 4.                   | <u> </u>                           | our Income (Official Fo   |  |  |                                    |                |                            |
| ٦.                   |                                    |   |  | dule I   |                                    | \$             | 1,092.00                   |
| 5.                   |                                    | our Expenses (Officia<br>nthly expenses from li   |  |  |                                    | \$             | 1,020.00                   |
| Part                 | 4: Answer                          | These Questions for   | Administrative and S                             | Statistical Records  |                                    |                |                            |
|                      | Are you filing                     | for bankruptcy und  | er Chapters 7, 11, or                            |  | this form to the court with        | your other sch | edules.                    |
| 6.                   | ☐ No. You                          | have nothing to report  | on this part of the forn                         | i. Check this box and submit   |                                    | -              |                            |
| <ul><li>7.</li></ul> | Yes                                | have nothing to report  | on this part of the forn                         | i. Officer tills box and submit  |                                    | -              |                            |
|                      | ■ Yes What kind of ■ Your del      | debt do you have?   | sumer debts. Consun                              | ner debts are those "incurred 8-9g for statistical purposes.                                       |                                    | or a personal, | family, or                 |
|                      | Yes What kind of Your del househol | debt do you have?  ots are primarily con d purpose." 11 U.S.C   | sumer debts. Consum . § 101(8). Fill out lines   | ner debts are those "incurred  | . 28 U.S.C. § 159.                 |                | ,                          |

Official Form 106Sum Summary of Your Assets and Liabilities and Certain Statistical Information

page 1 of 2

Debtor 1 Joseph E Landi Case number (if known)

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

1,144.00

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

| From Part 4 on Schedule E/F, copy the following:   | Tot | al claim |
|--|-----|----------|
| 9a. Domestic support obligations (Copy line 6a.)   | \$  | 0.00     |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.)  | \$  | 0.00     |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)  | \$  | 0.00     |
| 9d. Student loans. (Copy line 6f.)   | \$  | 0.00     |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$  | 0.00     |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)                                       | +\$ | 0.00     |
| 9g. <b>Total.</b> Add lines 9a through 9f.   | \$  | 0.00     |

| Fill in t | his info         | ormation to identify your cas       | e and this filing:                  |  |                               |  |
|-----------|------------------|-------------------------------------|-------------------------------------|--|-------------------------------|--|
| Debtor    | 1                | Joseph E Landi First Name           | Middle Name                         | Last Name  |                               |  |
| Debtor    | 2                | , not realing                       | gaie : vaine                        | 200.110.110  |                               |  |
| (Spouse,  | if filing)       | First Name                          | Middle Name                         | Last Name  |                               |  |
| United    | States           | Bankruptcy Court for the: EA        | STERN DISTRICT OF I                 | IEW YORK   |                               |  |
| Case n    | umber            |                                     |                                     |  |                               | ☐ Check if this is an  |
|           |                  |                                     |                                     |  |                               | amended filing   |
|           |                  |                                     |                                     |  |                               |  |
| Offic     | ial F            | orm 106A/B                          |                                     |  |                               |  |
| Sch       | edı              | ıle A/B: Proper                     | tv                                  |  |                               | 12/15  |
|           |                  | •                                   |                                     | e. If an asset fits in more than or                                      | ne category, list the asset i | n the category where you                                     |
|           | ion. If m        | ore space is needed, attach a se    |                                     | people are filing together, both ar<br>On the top of any additional page |                               |  |
| Part 1:   | Descri           | be Each Residence, Building, La     | nd, or Other Real Estate Y          | ou Own or Have an Interest In  |                               |  |
| 1. Do vo  | u own d          | or have any legal or equitable into | erest in any residence. bu          | ilding, land, or similar property?                                       |                               |  |
|           |                  |                                     | ,, <del></del>                      | 5  |                               |  |
| _         | . Go to F        |                                     |                                     |  |                               |  |
| ⊔ Ye      | s. vvner         | e is the property?                  |                                     |  |                               |  |
|           |                  |                                     |                                     |  |                               |  |
| Part 2:   | Descri           | be Your Vehicles                    |                                     |  |                               |  |
| □ No      | )                | trucks, tractors, sport utility     | ,                                   |  |                               |  |
| 24 1      | Makai            | Nissan                              | Who has an interest                 | t in the mannerty? Observer  | Do not deduct secured         | claims or exemptions. Put                                    |
|           | Make:<br>Model:  | Rogue                               | Debtor 1 only                       | t in the property? Check one   | the amount of any secu        | red claims on Schedule D:<br>aims Secured by Property.       |
|           | viouei.<br>Year: | 2011                                | Debtor 2 only                       |  | Current value of the          |  |
| A         | Approxin         | nate mileage: 115,000               | Debtor 1 and Del                    |  | entire property?              | portion you own?   |
|           |                  | ormation:                           | ☐ At least one of th                | e debtors and another  |                               |  |
|           | subjec           | t to lien                           | Check if this is (see instructions) | community property   | \$1,795.00                    | \$1,795.00   |
|           | ples: B          |                                     |                                     | vehicles, other vehicles, and els, snowmobiles, motorcycle ac            |                               |  |
| .page     | es you           |                                     | te that number here                 | ies from Part 2, including any   |                               | \$1,795.00   |
|           |                  | or have any legal or equitable      |                                     | ollowing items?  |                               | Current value of the   |
|           |                  |                                     |                                     |  |                               | portion you own? Do not deduct secured claims or exemptions. |

| De  | ebtor 1           | Joseph E La                                       | ndi Case numb  | er (if known) |                                 |
|-----|-------------------|---|--|---------------|---------------------------------|
| 6.  | Example ☐ No      | ,   | urnishings<br>ces, furniture, linens, china, kitchenware   |               |                                 |
|     | Yes.              | Describe  |  |               |                                 |
|     |                   |   | Household goods and furnishings  |               | \$500.00                        |
| 7.  | □ No              | es: Televisions a                                 | nd radios; audio, video, stereo, and digital equipment; computers, printers, scanne<br>phones, cameras, media players, games | ers; music d  | collections; electronic devices |
|     |                   |   | Electronics  |               | \$250.00                        |
| 8.  | Example  No       |   | figurines; paintings, prints, or other artwork; books, pictures, or other art objects; ons, memorabilia, collectibles        | stamp, coin   | , or baseball card collections; |
| 9.  | Example No        | ent for sports ares: Sports, photo musical instru | graphic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, sk  | xis; canoes   | and kayaks; carpentry tools;    |
| 10. | ■ No              |   | s, shotguns, ammunition, and related equipment   |               |                                 |
| 11. | □ No <sup>′</sup> |   | othes, furs, leather coats, designer wear, shoes, accessories  |               |                                 |
|     |                   |   | Wearing apparel  |               | \$500.00                        |
| 12. | □ No              |   | welry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watch   | nes, gems, (  |                                 |
|     |                   |   | Jewelry  |               | \$200.00                        |
| 13. | Examp<br>■ No     | rm animals bles: Dogs, cats, l                    | birds, horses  |               |                                 |
| 14. | ■ No              | her personal and                                  | d household items you did not already list, including any health aids you did  | d not list    |                                 |
|     | <b>—</b> 103.     | C.vo opcomo min                                   |  |               |                                 |
| 15  |                   |   | of all of your entries from Part 3, including any entries for pages you have a   | ttached       | \$1,450.00                      |

| De  | ebtor 1                  | Joseph E                                      | Landi                          |  |  | Case number (if known)   |   |
|-----|--------------------------|---|--------------------------------|--|--|--|---|
| Pa  | rt 4: Des                | scribe Your Fin                               | ancial Acco                    |  |  |  |   |
|     |                          |   |                                | quitable interest in any   | y of the following?  |  | Current value of the portion you own? Do not deduct secured claims or exemptions. |
|     | □ No <sup>′</sup>        |   | ·                              | our wallet, in your home,  | •  | nd on hand when you file your petition   |   |
|     |                          |   |                                |  |  | Cash   | \$50.00   |
|     |                          | its of money<br>bles: Checking<br>institution | ı, savings, o<br>ns. If you ha | r other financial account<br>ve multiple accounts witl               | s; certificates of deposit;<br>h the same institution, lis               | shares in credit unions, brokerage hou<br>st each.                             | ses, and other similar  |
|     |                          |   |                                |  | Institution name:  |  |   |
|     |                          |   |                                | Unemployment   |  |  |   |
|     |                          |   | 17.1.                          | Debit card account ending 0492                                       | t<br>NYS   |  | \$1,200.00  |
|     |                          |   |                                |  |  |  |   |
|     | Examp                    |   |                                | ely traded stocks ent accounts with broker Institution or issuer nam | age firms, money marke   | et accounts  |   |
|     |                          |   |                                |  |  |  |   |
| 19. | joint v                  | iblicly traded<br>enture                      | stock and                      | interests in incorporat  | ed and unincorporated  | I businesses, including an interest in   | an LLC, partnership, and  |
|     | ■ No                     | Oire anaitie                                  | :                              | ah a.u. th a m   |  |  |   |
|     | ⊔ Yes.                   | Give specific                                 |                                | about themne of entity:  |  | % of ownership:  |   |
|     | Negoti                   | able instrume                                 | nts include p                  | personal checks, cashier   | ole and non-negotiable s' checks, promissory no er to someone by signing | otes, and money orders.  |   |
|     | ☐ Yes.                   | Give specific i                               |                                | about them<br>uer name:  |  |  |   |
|     |                          | nent or pensi<br>ples: Interests              |                                |  | b), thrift savings account   | s, or other pension or profit-sharing pla                                      | ns  |
|     | Yes.                     | List each acco                                | •                              | ,  | Inglitution name.  |  |   |
|     |                          |   |                                | of account:  | Institution name:  |  |   |
|     |                          |   | Pens                           | ion Annuity  | NYCDCC   |  | \$3,400.00  |
|     | Your sl<br>Examp<br>■ No |   | ised deposi                    | s you have made so tha   |  | ice or use from a company<br>water), telecommunications companies<br>dividual: | , or others   |
|     |                          | ies (A contrac                                | t for a perio                  | dic payment of money to  | you, either for life or for  | a number of years)   |   |
|     | ■ No<br>□ Yes            |   | Issuer nam                     | e and description.   |  |  |   |
|     | 26 U.S.0                 |   |                                | n an account in a quali<br>and 529(b)(1).                            | fied ABLE program, or  | under a qualified state tuition progra   | ım.   |
|     | ■ No<br>□ Yes            |   | Institution r                  | name and description. Se   | eparately file the records   | s of any interests.11 U.S.C. § 521(c):   |   |

| De  | ebtor 1              | Joseph E Landi  |  | С          | ase number (if known)         |   |
|-----|----------------------|---|--|------------|-------------------------------|---|
| 25. | Trusts,              | equitable or future interests in  | property (other than anything listed in line   | e 1), and  | rights or powers exercis      | sable for your benefit  |
|     | ■ No<br>□ Yes.       | Give specific information about to  | nem  |            |                               |   |
| 26. |                      |   | e secrets, and other intellectual property sites, proceeds from royalties and licensing ag | greement   | is.                           |   |
|     | ■ No<br>□ Yes.       | Give specific information about the   | nem  |            |                               |   |
| 27. |                      | es, franchises, and other gener<br>of les: Building permits, exclusive li                       | al intangibles<br>censes, cooperative association holdings, liquo                          | or licens  | es, professional licenses     |   |
|     | ☐ Yes.               | Give specific information about the   | nem  |            |                               |   |
| M   | oney or <sub> </sub> | property owed to you?   |  |            |                               | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 28. | Tax ref<br>□ No      | unds owed to you  |  |            |                               |   |
|     | ■ Yes.               | Give specific information about th  | em, including whether you already filed the ret  | turns and  | d the tax years               |   |
|     |                      |   | 2019 unfiled   |            | Federal and New<br>York State | \$1,000.00  |
|     |                      | Give specific information   |  |            |                               |   |
| 30. |                      | amounts someone owes you<br>oles: Unpaid wages, disability insu<br>benefits; unpaid loans you m | rrance payments, disability benefits, sick pay, vade to someone else                       | vacation   | pay, workers' compensat       | ion, Social Security  |
|     | ■ No<br>□ Yes.       | Give specific information   |  |            |                               |   |
| 31. | _Examp               | ts in insurance policies<br>bles: Health, disability, or life insur                             | ance; health savings account (HSA); credit, ho   | omeowne    | er's, or renter's insurance   |   |
|     | ■ No                 | Name the insurance company of   | each policy and list its value   |            |                               |   |
|     | □ res.               | Company i   |  | eneficiary | <i>y</i> :                    | Surrender or refund value:  |
| 32. | If you a             |   | u from someone who has died<br>, expect proceeds from a life insurance policy,             | , or are c | urrently entitled to receive  | property because  |
|     | ■ No                 |   |  |            |                               |   |
|     | ☐ Yes.               | Give specific information   |  |            |                               |   |
| 33. | Examp                |   | or not you have filed a lawsuit or made a deutes, insurance claims, or rights to sue       | emand fo   | or payment                    |   |
|     | ■ No<br>□ Yes        | Describe each claim   |  |            |                               |   |
| 3/1 |                      |   | ims of every nature, including counterclain  | ns of the  | debtor and rights to see      | off claims  |
| J4. | ■ No                 | onungent and uniquidated cia  | inns of every nature, including counterclain   | na ur tile | s debitor and rights to set   | On Ciallis  |
|     |                      | Describe each claim   |  |            |                               |   |

| Debt         | or 1 Joseph E Landi   |                            | Case number (if known)       |            |
|--------------|---|----------------------------|------------------------------|------------|
| 35. <b>A</b> | any financial assets you did not already list   |                            |                              |            |
|              | No  |                            |                              |            |
|              | Yes. Give specific information  |                            |                              |            |
| 36.          | Add the dollar value of all of your entries from Part 4, including for Part 4. Write that number here                   |                            |                              | \$5,650.00 |
| Part         | Describe Any Business-Related Property You Own or Have an Interes   | est In. List any real esta | ite in Part 1.               |            |
| 37. <b>D</b> | o you own or have any legal or equitable interest in any business-relate  | ed property?               |                              |            |
|              | No. Go to Part 6.   |                            |                              |            |
|              | Yes. Go to line 38.   |                            |                              |            |
| Part         | 6: Describe Any Farm- and Commercial Fishing-Related Property You   | Own or Have an Interes     | st In.                       |            |
|              | If you own or have an interest in farmland, list it in Part 1.  |                            |                              |            |
| 46. <b>C</b> | Oo you own or have any legal or equitable interest in any farm-   | or commercial fishin       | g-related property?          |            |
|              | No. Go to Part 7.   |                            |                              |            |
|              | ☐ Yes. Go to line 47.   |                            |                              |            |
|              |   |                            |                              |            |
| Part         | Describe All Property You Own or Have an Interest in That You   | Did Not List Above         |                              |            |
| _            | Oo you have other property of any kind you did not already list?  Examples: Season tickets, country club membership  No | ,                          |                              |            |
|              | Yes. Give specific information  |                            |                              |            |
| 54.          | Add the dollar value of all of your entries from Part 7. Write that   | at number here             |                              | \$0.00     |
| Part         | List the Totals of Each Part of this Form   |                            |                              |            |
| 55.          | Part 1: Total real estate, line 2   |                            |                              | \$0.00     |
|              | Part 2: Total vehicles, line 5  | \$1,795.00                 |                              |            |
| 57.          | Part 3: Total personal and household items, line 15   | \$1,450.00                 |                              |            |
| 58.          | Part 4: Total financial assets, line 36   | \$5,650.00                 |                              |            |
| 59.          | Part 5: Total business-related property, line 45  | \$0.00                     |                              |            |
| 60.          | Part 6: Total farm- and fishing-related property, line 52   | \$0.00                     |                              |            |
| 61.          | Part 7: Total other property not listed, line 54 +  | \$0.00                     |                              |            |
| 62.          | Total personal property. Add lines 56 through 61  | \$8,895.00                 | Copy personal property total | \$8,895.00 |
| 63.          | Total of all property on Schedule A/B. Add line 55 + line 62  |                            |                              | \$8,895.00 |

| Ħ                        | Il in this infor                                      | nation to identify your case:   |   |                               |  |   |
|--------------------------|---|---|---|-------------------------------|--|---|
|                          | ebtor 1   | Joseph E Landi  |   |                               |  |   |
|                          |   | First Name  | Middle Name   | L                             | ast Name   |   |
|                          | ebtor 2<br>ouse if, filing)                           | First Name  | Middle Name   | L                             | ast Name   |   |
|                          |   | inkruptcy Court for the: EAS  | STERN DISTRICT OF N   | EW Y                          | ORK  |   |
|                          |   |   |   |                               | <u>-</u>   |   |
|                          | ase number _<br>known)                                |   |   |                               |  | ☐ Check if this is an amended filing  |
| $\cap$                   | fficial Ea  | rm 106C   |   |                               |  |   |
|                          |   |   | anta Mari Cla   | . !                           | as Evenent   |   |
| <u> </u>                 | cneaui  | e C: The Prope  | erty You Cla  | um                            | as Exempt  | 4/19  |
| the<br>nee               | property you I  | isted on <i>Schedule A/B: Proper</i> and attach to this page as many                    | ty (Official Form 106A/B)   | as yo                         | our source, list the property that you   | or supplying correct information. Using claim as exempt. If more space is additional pages, write your name and   |
| spe<br>any<br>fun<br>exe | ecific dollar and | mount as exempt. Alternative tatutory limit. Some exempti unlimited in dollar amount. H | ely, you may claim the f<br>ons—such as those for<br>lowever, if you claim an | full fai<br>r healt<br>r exen | ir market value of the property be<br>th aids, rights to receive certain b<br>nption of 100% of fair market valu | One way of doing so is to state a sing exempted up to the amount of penefits, and tax-exempt retirement ue under a law that limits the t, your exemption would be limited |
| Pa                       | rt 1: Identi  | fy the Property You Claim as  | s Exempt  |                               |  |   |
| 1.                       | Which set o   | f exemptions are you claimir  | ng? Check one only, eve   | n if yo                       | our spouse is filing with you.   |   |
|                          | ☐ You are cl  | aiming state and federal nonb   | ankruptcy exemptions.   | 11 U.S                        | S.C. § 522(b)(3)   |   |
|                          | You are c   | aiming federal exemptions. 1  | 1 U.S.C. § 522(b)(2)  |                               |  |   |
| 2.                       |   |   | - ,,,,  | empt.                         | fill in the information below.   |   |
|                          | Brief descript  | ion of the property and line on   | Current value of the  | • •                           | ount of the exemption you claim  | Specific laws that allow exemption  |
|                          | Schedule A/B  | that lists this property  | portion you own  Copy the value from  Schedule A/B                            | Che                           | eck only one box for each exemption.   |   |
|                          |   | n Rogue 115,000 miles   | \$1,795.00  |                               | \$1,795.00   | 11 U.S.C. § 522(d)(2)   |
|                          | Subject to<br>Line from Sc                            | nedule A/B: <b>3.1</b>  |   |                               | 100% of fair market value, up to any applicable statutory limit  |   |
|                          |   | goods and furnishings   | \$500.00  |                               | \$500.00   | 11 U.S.C. § 522(d)(3)   |
|                          | Line from Sc  | neaule A/B: <b>6.1</b>  |   |                               | 100% of fair market value, up to any applicable statutory limit  |   |
|                          | Electronics   |   | \$250.00  |                               | \$250.00   | 11 U.S.C. § 522(d)(3)   |
|                          | Line from Sc  | hedule A/B: <b>7.1</b>  |   |                               | 100% of fair market value, up to any applicable statutory limit  |   |
|                          | Wearing a   |   | \$500.00  |                               | \$500.00   | 11 U.S.C. § 522(d)(3)   |
|                          | Line from Sc  | hedule A/B: <b>11.1</b>   |   |                               | 100% of fair market value, up to any applicable statutory limit  |   |
|                          | Jewelry   | hadula A/D 42 4   | \$200.00  |                               | \$200.00   | 11 U.S.C. § 522(d)(4)   |
|                          | Line from Sc  | hedule A/B: <b>12.1</b>   |   |                               | 100% of fair market value, up to any applicable statutory limit  |   |

Official Form 106C

| De | ebtor 1 Joseph E Landi   |                                      |        | Case number (if known)  |                                    |
|----|--|--------------------------------------|--------|---|------------------------------------|
|    | Brief description of the property and line on<br>Schedule A/B that lists this property | Current value of the portion you own | Am     | ount of the exemption you claim                                 | Specific laws that allow exemption |
|    |  | Copy the value from Schedule A/B     | Che    | eck only one box for each exemption.                            |                                    |
|    | Cash Line from Schedule A/B: 16.1  | \$50.00                              |        | \$50.00   | 11 U.S.C. § 522(d)(5)              |
|    |  |                                      |        | 100% of fair market value, up to any applicable statutory limit |                                    |
|    | Unemployment Debit card account ending 0492: NYS                                       | \$1,200.00                           |        | \$1,200.00  | 11 U.S.C. § 522(d)(5)              |
|    | Line from Schedule A/B: 17.1   |                                      |        | 100% of fair market value, up to any applicable statutory limit |                                    |
|    | Pension Annuity: NYCDCC  | \$3,400.00                           |        | \$3,400.00  | 11 U.S.C. § 522(d)(12)             |
|    | Line Holli Schedule PAB. 21.1  |                                      |        | 100% of fair market value, up to any applicable statutory limit |                                    |
|    | Federal and New York State: 2019 unfiled   | \$1,000.00                           |        | \$1,000.00  | 11 U.S.C. § 522(d)(5)              |
|    | Line from Schedule A/B: 28.1   |                                      |        | 100% of fair market value, up to any applicable statutory limit |                                    |
| 3. | Are you claiming a homestead exemption (Subject to adjustment on 4/01/22 and every     |                                      |        | led on or after the date of adjustme                            | nt.)                               |
|    | ■ No   |                                      |        |   |                                    |
|    | ☐ Yes. Did you acquire the property cover  | ed by the exemption wi               | thin 1 | ,215 days before you filed this case                            | ?                                  |
|    | □ No   |                                      |        |   |                                    |
|    | ☐ Yes  |                                      |        |   |                                    |

| Fill in this informati               | on to identify you                           | ur case:  |                    |   |  |                             |
|--------------------------------------|--|---|--------------------|---|--|-----------------------------|
| Debtor 1                             | Joseph E Landi                               | i   |                    |   |  |                             |
|                                      | First Name                                   | Middle Name   | Last Name          |   |  |                             |
| Debtor 2 (Spouse if, filing)         | First Name                                   | Middle Name   | Last Name          |   |  |                             |
|                                      | intov Court for the                          | : EASTERN DISTRICT OF NEW   | VODK               |   |  |                             |
| United States Bankru                 | picy Court for the                           | LASTERN DISTRICT OF NEW   | TORK               |   |  |                             |
| Case number                          |  |   |                    |   |  | if this is an<br>ded filing |
| Official Form 1<br>Schedule D:       |  | s Who Have Claims S   | Secured            | by Property   | /  | 12/15                       |
|                                      |  | If two married people are filing togethe<br>out, number the entries, and attach it to         |                    |   |  |                             |
| 1. Do any creditors hav              | e claims secured b                           | y your property?  |                    |   |  |                             |
| □ No. Check this                     | s box and submit t                           | his form to the court with your other s   | schedules. You     | u have nothing else to                                  | report on this form.                               |                             |
| Yes. Fill in all                     | of the information                           | below.  |                    |   |  |                             |
| Part 1: List All Se                  | ecured Claims                                |   |                    |   |  |                             |
|                                      |  | more than one secured claim, list the cred  |                    | Column A  | Column B   | Column C                    |
|                                      |  | s a particular claim, list the other creditors<br>ical order according to the creditor's name |                    | Amount of claim  Do not deduct the value of collateral. | Value of collateral<br>that supports this<br>claim | Unsecured portion If any    |
| 2.1 Bethpage Fe                      | d Cr Union                                   | Describe the property that secures the  | ne claim:          | \$2,464.00  | \$1,795.00   | \$669.00                    |
| Creditor's Name                      |  | 2011 Nissan Rogue 115,000 r<br>Subject to lien  | niles              |   |  |                             |
| 899 S Oyster<br>Bethpage, N          | •  | As of the date you file, the claim is: C apply.  Contingent                                   | heck all that      |   |  |                             |
| Number, Street, City                 |  | ☐ Unliquidated  |                    |   |  |                             |
| •                                    | •  | ☐ Disputed  |                    |   |  |                             |
| Who owes the debt?                   | Check one.                                   | Nature of lien. Check all that apply.   |                    |   |  |                             |
| ■ Debtor 1 only ■ Debtor 2 only      |  | An agreement you made (such as m<br>car loan)   | ortgage or secu    | red   |  |                             |
| Debtor 1 and Debtor                  | r 2 only                                     | ☐ Statutory lien (such as tax lien, mech  | nanic's lien)      |   |  |                             |
| ☐ At least one of the d              | ebtors and another                           | ☐ Judgment lien from a lawsuit  |                    |   |  |                             |
| ☐ Check if this claim community debt | relates to a                                 | ☐ Other (including a right to offset) _   |                    |   |  |                             |
| Date debt was incurre                | Opened<br>06/15 Last<br>Active<br>d 10/09/19 | Last 4 digits of account numb   | <sub>er</sub> 0771 |   |  |                             |
|                                      | -  | =   |                    | <del></del>   |  |                             |
|                                      |  |   |                    |   |  |                             |
|                                      | e of your form, add                          | column A on this page. Write that numb the dollar value totals from all pages.                | er here:           | \$2,46¢<br>\$2,46¢                                      |  |                             |
| Part 2: List Others                  | to Be Notified fo                            | or a Debt That You Already Listed   |                    |   |  |                             |

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

Official Form 106D

|                            |  |   |   |   |                                      |  | •                               |  |
|----------------------------|--|---|---|---|--------------------------------------|--|---------------------------------|--|
| Fil                        | I in this inforn   | nation to identify your                             | case:   |   |                                      |  |                                 |  |
| De                         | btor 1   | Joseph E Landi                                      |   |   |                                      |  |                                 |  |
|                            |  | First Name  | Middle Na   | me  | Last Name                            |  |                                 |  |
|                            | btor 2   |   |   |   |                                      |  |                                 |  |
| (Sp                        | ouse if, filing)   | First Name  | Middle Na   | me  | Last Name                            |  |                                 |  |
| Un                         | ited States Ba   | nkruptcy Court for the:                             | EASTERN D   | ISTRICT OF N  | EW YORK                              |  |                                 |  |
|                            |  |   |   |   |                                      |  |                                 |  |
|                            | ise number   |   |   | -   |                                      |  |                                 | Check if this is an                                |
|                            | ,  |   |   |   |                                      |  | _                               | amended filing                                     |
|                            |  |   |   |   |                                      |  | ı                               | ŭ  |
| <u>Of</u>                  | ficial Forn  | n 106E/F  |   |   |                                      |  |                                 |  |
| Sc                         | hedule E   | /F: Creditors W                                     | /ho Have  | Unsecure  | d Claims                             |  |                                 | 12/15  |
| Sch<br>Sch<br>left.<br>nan | edule G: Execu<br>edule D: Credit<br>Attach the Con<br>ne and case nur | tory Contracts and Unexp<br>ors Who Have Claims Sec | pired Leases (Off<br>oured by Propert<br>ge. If you have no | ficial Form 106G)<br>y. If more space<br>o information to | ). Do not include<br>is needed, copy | contracts on Schedule A/B: f<br>any creditors with partially s<br>the Part you need, fill it out,<br>do not file that Part. On the t | secured claims<br>number the er | s that are listed in<br>ntries in the boxes on the |
|                            |  | ors have priority unsecure                          |   |   |                                      |  |                                 |  |
|                            | No. Go to P  |   | a olamo agamo   | . ,   |                                      |  |                                 |  |
|                            | Yes.   | ait 2.  |   |   |                                      |  |                                 |  |
|                            | ☐ Yes.   |   |   |   |                                      |  |                                 |  |
| Pa                         | rt 2: List A   | II of Your NONPRIORIT                               | Y Unsecured   | Claims  |                                      |  |                                 |  |
| 3.                         | Do any credito   | ors have nonpriority unsec                          | cured claims aga  | ainst you?  |                                      |  |                                 |  |
|                            | □ No. You hav  | ve nothing to report in this p                      | art Submit this fo  | orm to the court w  | ith your other sch                   | edules   |                                 |  |
|                            | _  | to nothing to roport in this p                      | art. Oubmit tino it   | on to the court w   | iai your oailor ooil                 | oudioo.  |                                 |  |
|                            | Yes.   |   |   |   |                                      |  |                                 |  |
| 4.                         | unsecured clair  | m, list the creditor separatel                      | y for each claim.   | For each claim list                                       | ted, identify what                   | b holds each claim. If a credit<br>type of claim it is. Do not list cla<br>n three nonpriority unsecured c                           | aims already in                 | cluded in Part 1. If more                          |
|                            |  |   |   |   |                                      |  |                                 | Total claim  |
| 4.1                        | Absolut  | te Resolutions                                      |   | Last 4 digits of a  | ccount number                        | 1785   |                                 | \$1,264.97   |
|                            | Nonpriority  | / Creditor's Name                                   |   | _   |                                      |  |                                 |  |
|                            |  | nents/1st National                                  |   | When was the de   | ebt incurred?                        | 2018   |                                 | _  |
|                            | PO Box   | ster & Garbus LLP                                   |   |   |                                      |  |                                 |  |
|                            |  | ck, NY 11725-9030                                   |   |   |                                      |  |                                 |  |
|                            | Number S   | treet City State Zip Code                           |   | As of the date yo   | ou file, the claim                   | is: Check all that apply   |                                 |  |
|                            | Who incu   | rred the debt? Check one.                           |   |   |                                      |  |                                 |  |
|                            | Debtor   | 1 only  |   | □ Contingent  |                                      |  |                                 |  |
|                            | □ Debtor   | 2 only  |   | ☐ Unliquidated  |                                      |  |                                 |  |
|                            | ☐ Debtor   | 1 and Debtor 2 only                                 |   | ☐ Disputed  |                                      |  |                                 |  |
|                            | ☐ At leas  | t one of the debtors and an                         | other   | Type of NONPRI  | ORITY unsecure                       | d claim:   |                                 |  |
|                            | ☐ Check  | if this claim is for a com                          | munity  | ☐ Student loans   |                                      |  |                                 |  |
|                            | debt   | m subject to offset?                                | ,   | Obligations are   |                                      | aration agreement or divorce th  | nat you did not                 |  |
|                            | ■ No   |   |   | Debts to pensi  | ion or profit-sharir                 | ng plans, and other similar deb  | ts                              |  |
|                            | ☐ Yes  |   |   | Other. Specify  | Consumer                             | Debt   |                                 |  |
|                            |  |   |   |   |                                      |  |                                 | _  |

Official Form 106 E/F

| Debtor | 1 Joseph E Landi   | Case number (if known)  |  |            |  |  |
|--------|--|---|--|------------|--|--|
| 4.2    | Goodyear Tire/cbna Nonpriority Creditor's Name                       | Last 4 digits of account number                               | 2466   | \$744.00   |  |  |
|        | Po Box 6497<br>Sioux Falls, SD 57117                                 | When was the debt incurred?                                   | Opened 05/16 Last Active 11/08/19            |            |  |  |
|        | Number Street City State Zip Code Who incurred the debt? Check one.  | As of the date you file, the claim i                          | s: Check all that apply                      |            |  |  |
|        | ■ Debtor 1 only  | ☐ Contingent  |  |            |  |  |
|        | ☐ Debtor 2 only  | ☐ Unliquidated  |  |            |  |  |
|        | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed  |  |            |  |  |
|        | $\square$ At least one of the debtors and another                    | Type of NONPRIORITY unsecured                                 | d claim:                                     |            |  |  |
|        | ☐ Check if this claim is for a community                             | ☐ Student loans   |  |            |  |  |
|        | debt Is the claim subject to offset?                                 | ☐ Obligations arising out of a sepa report as priority claims | ration agreement or divorce that you did not |            |  |  |
|        | No   | Debts to pension or profit-sharin                             | g plans, and other similar debts             |            |  |  |
|        | Yes  | Other. Specify Charge Acc                                     | count  |            |  |  |
| 4.3    | Midland Funding Nonpriority Creditor's Name                          | Last 4 digits of account number                               | 9253   | \$2,541.00 |  |  |
|        | 320 East Big Beaver<br>Troy, MI 48083                                | When was the debt incurred?                                   | Opened 06/18                                 |            |  |  |
|        | Number Street City State Zip Code  Who incurred the debt? Check one. | As of the date you file, the claim i                          | s: Check all that apply                      |            |  |  |
|        | ■ Debtor 1 only  | ☐ Contingent  |  |            |  |  |
|        | ☐ Debtor 2 only  | ☐ Unliquidated  |  |            |  |  |
|        | Debtor 1 and Debtor 2 only   | Disputed  |  |            |  |  |
|        | ☐ At least one of the debtors and another                            | Type of NONPRIORITY unsecured                                 | d claim:                                     |            |  |  |
|        | ☐ Check if this claim is for a community                             | ☐ Student loans   |  |            |  |  |
|        | debt<br>Is the claim subject to offset?                              | Obligations arising out of a separeport as priority claims    | ration agreement or divorce that you did not |            |  |  |
|        | ■ No   | Debts to pension or profit-sharin                             | g plans, and other similar debts             |            |  |  |
|        | Yes  | ■ Other. Specify Factoring C                                  | Company Account Citibank N.A.                |            |  |  |
| 4.4    | Netcollction Nonpriority Creditor's Name                             | Last 4 digits of account number                               | 8720   | \$233.00   |  |  |
|        | 2774 N Cobb Parkway<br>Kennesaw, GA 30152                            | When was the debt incurred?                                   | Opened 4/26/18                               |            |  |  |
|        | Number Street City State Zip Code Who incurred the debt? Check one.  | As of the date you file, the claim i                          | s: Check all that apply                      |            |  |  |
|        | ■ Debtor 1 only  | ☐ Contingent  |  |            |  |  |
|        | ☐ Debtor 2 only  | ☐ Unliquidated  |  |            |  |  |
|        | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed  |  |            |  |  |
|        | ☐ At least one of the debtors and another                            | Type of NONPRIORITY unsecured                                 | d claim:                                     |            |  |  |
|        | ☐ Check if this claim is for a community                             | ☐ Student loans   |  |            |  |  |
|        | debt Is the claim subject to offset?                                 | report as priority claims                                     | ration agreement or divorce that you did not |            |  |  |
|        | ■ No   | Debts to pension or profit-sharing                            | g plans, and other similar debts             |            |  |  |
|        | Yes  | Other. Specify 05 Big Als                                     | Family Fitness                               |            |  |  |

| Debtor | 1 Joseph E Landi  | Case number (if known)   |  |            |  |  |
|--------|---|--|--|------------|--|--|
| 4.5    | New York Community Nonpriority Creditor's Name                                | Last 4 digits of account number  | 6354   | \$1,209.05 |  |  |
|        | Bank/First Bankcard<br>PO Box 2557<br>Omaha, NE 68103-2557                    | When was the debt incurred?  | 2018   |            |  |  |
| -      | Number Street City State Zip Code Who incurred the debt? Check one.           | As of the date you file, the claim   | s: Check all that apply                      |            |  |  |
|        | ■ Debtor 1 only   | ☐ Contingent   |  |            |  |  |
|        | ☐ Debtor 2 only   | ☐ Unliquidated   |  |            |  |  |
|        | ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed   |  |            |  |  |
|        | ☐ At least one of the debtors and another                                     | Type of NONPRIORITY unsecured  | d claim:                                     |            |  |  |
|        | ☐ Check if this claim is for a community debt Is the claim subject to offset? | ☐ Student loans ☐ Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not |            |  |  |
|        | No  | Debts to pension or profit-sharin  | g plans, and other similar debts             |            |  |  |
|        | ☐ Yes   |  |  |            |  |  |
|        | Li Yes  | Other. Specify Credit Card   | Fulcilases                                   |            |  |  |
| 4.6    | North Shore Nonpriority Creditor's Name                                       | Last 4 digits of account number  | 5883   | \$435.00   |  |  |
|        | LIJ Medical Group<br>PO Box 12051<br>Newark. NJ 07101                         | When was the debt incurred?  | 12/14/17                                     |            |  |  |
|        | Number Street City State Zip Code   | As of the date you file, the claim i   | s: Check all that apply                      |            |  |  |
|        | Who incurred the debt? Check one.   |  |  |            |  |  |
|        | ■ Debtor 1 only   | ☐ Contingent   |  |            |  |  |
|        | ☐ Debtor 2 only   | ☐ Unliquidated   |  |            |  |  |
|        | ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed   |  |            |  |  |
|        | ☐ At least one of the debtors and another                                     | Type of NONPRIORITY unsecured  | d claim:                                     |            |  |  |
|        | ☐ Check if this claim is for a community debt                                 | ☐ Student loans ☐ Obligations arising out of a sena                          | ration agreement or divorce that you did not |            |  |  |
|        | Is the claim subject to offset?   | report as priority claims  | ration agreement of divorce that you did not |            |  |  |
|        | ■ No  | Debts to pension or profit-sharing   | g plans, and other similar debts             |            |  |  |
|        | ☐ Yes   | Other. Specify Medical Se  | rvices                                       |            |  |  |
| 4.7    | North Shore   | Last 4 digits of account number  | 0841   | \$76.15    |  |  |
|        | Nonpriority Creditor's Name LIJ Medical Group PO Box 12051                    | When was the debt incurred?  | 10/12/17                                     |            |  |  |
| -      | Newark, NJ 07101<br>Number Street City State Zip Code                         | As of the date you file, the claim   | s: Check all that apply                      |            |  |  |
|        | Who incurred the debt? Check one.   | _  |  |            |  |  |
|        | Debtor 1 only   | Contingent   |  |            |  |  |
|        | Debtor 2 only   | Unliquidated   |  |            |  |  |
|        | Debtor 1 and Debtor 2 only  | Disputed   | d alatas                                     |            |  |  |
|        | At least one of the debtors and another                                       | Type of NONPRIORITY unsecured  ☐ Student loans                               | ı ciaim:                                     |            |  |  |
|        | Check if this claim is for a community debt                                   | ☐ Obligations arising out of a sepa  | ration agreement or divorce that you did not |            |  |  |
|        | Is the claim subject to offset?  ■ No   | report as priority claims  Debts to pension or profit-sharin                 | a plans, and other similar debts             |            |  |  |
|        | ■ No □ Yes  |  |  |            |  |  |
|        | □ res   | Other. Specify Medical Se  | 1 11003                                      |            |  |  |

Official Form 106 E/F

| Debtor | 1 Joseph E Landi   | Case number (if known)                                       |   |            |  |  |
|--------|--|--|---|------------|--|--|
| 4.8    | Onemain Nonpriority Creditor's Name                                  | Last 4 digits of account number                              | 2726  | \$1,193.00 |  |  |
|        | Po Box 1010<br>Evansville, IN 47706                                  | When was the debt incurred?                                  | Opened 09/16 Last Active 11/12/19             |            |  |  |
|        | Number Street City State Zip Code  Who incurred the debt? Check one. | As of the date you file, the claim                           | is: Check all that apply                      |            |  |  |
|        | ■ Debtor 1 only  | ☐ Contingent   |   |            |  |  |
|        | Debtor 2 only  | ☐ Unliquidated   |   |            |  |  |
|        | Debtor 1 and Debtor 2 only   | ☐ Disputed   |   |            |  |  |
|        | ☐ At least one of the debtors and another                            | Type of NONPRIORITY unsecure                                 | d claim:                                      |            |  |  |
|        | ☐ Check if this claim is for a community                             | ☐ Student loans  |   |            |  |  |
|        | debt Is the claim subject to offset?                                 | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not |            |  |  |
|        | ■ No   | Debts to pension or profit-sharing                           | ng plans, and other similar debts             |            |  |  |
|        | Yes  | Other. Specify Note Loan                                     |   |            |  |  |
| 4.9    | Prosper Funding LLC  | Last 4 digits of account number                              | 4406  | \$6,039.82 |  |  |
|        | Nonpriority Creditor's Name 221 Main Street Suite 300                | When was the debt incurred?                                  | 2018  |            |  |  |
|        | San Francisco, CA 94105  Number Street City State Zip Code           | As of the date you file, the claim                           | is: Check all that apply                      |            |  |  |
|        | Who incurred the debt? Check one.                                    | _  |   |            |  |  |
|        | Debtor 1 only  | Contingent   |   |            |  |  |
|        | Debtor 2 only  | Unliquidated   |   |            |  |  |
|        | Debtor 1 and Debtor 2 only   | Disputed   |   |            |  |  |
|        | At least one of the debtors and another                              | Type of NONPRIORITY unsecure                                 | d claim:                                      |            |  |  |
|        | Check if this claim is for a community                               | Student loans  |   |            |  |  |
|        | debt Is the claim subject to offset?                                 | report as priority claims                                    | aration agreement or divorce that you did not |            |  |  |
|        | No   | Debts to pension or profit-sharing                           | ng plans, and other similar debts             |            |  |  |
|        | ☐ Yes  | Other. Specify Loan  |   |            |  |  |
| 4.1    | S Shore Neurologic Assoc Nonpriority Creditor's Name                 | Last 4 digits of account number                              | 2068  | \$150.00   |  |  |
|        | c/o Levinbrook Law Firm<br>77 Arkay Drive                            | When was the debt incurred?                                  | 2/28/17                                       |            |  |  |
|        | Suite C1 Hauppauge, NY 11788 Number Street City State Zip Code       | As of the date you file, the claim                           | is: Check all that apply                      |            |  |  |
|        | Who incurred the debt? Check one.  ■ Debtor 1 only                   | ☐ Contingent   |   |            |  |  |
|        | Debtor 2 only  | ☐ Unliquidated   |   |            |  |  |
|        | Debtor 1 and Debtor 2 only   | ☐ Disputed   |   |            |  |  |
|        | ☐ At least one of the debtors and another                            | Type of NONPRIORITY unsecure                                 | d claim:                                      |            |  |  |
|        | ☐ Check if this claim is for a community                             | ☐ Student loans  |   |            |  |  |
|        | debt Is the claim subject to offset?                                 | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not |            |  |  |
|        | No   | Debts to pension or profit-sharing                           | g plans, and other similar debts              |            |  |  |
|        | Yes  | ■ Other. Specify Medical Se                                  | rvices  |            |  |  |

Official Form 106 E/F

| Syncholamazon  Nature of Sharros  Po Box 965015  Orlando, FL 32896  Nature of Sharros  Po Box 965015  Orlando, FL 32896  Nature of Sharros  Nature of Sharros  Nature of Sharros  Dector 1 only  Dector 1 and obstriz Only  Dector 1 and obstriz only  Dector 1 only  Dector 1 and obstriz only  Dector 1 only  De | Debtor             | 1 Joseph E Landi  |   | Case number (if known)                          |                            |
|--|--------------------|---|---|---|----------------------------|
| PO Box 965015 Orlando, PL 22396 Orlando, PL 22396 Orlando, PL 22396 Number Street City State Zip Code Who Incurred the debt? Check cone.    Debtor 1 only   Debtor 2 only   Debtor 2 only   Debtor 1 only   Debtor 2 only   Debtor 1 only Debtor 2 only   Debtor 2 only   Debtor 1 only Debtor 2 only   Debtor 2 only   Debtor 1 only   Debtor 1 only   Debtor 1 only   Debtor 2 only   Debtor 1 only   Debtor 1 only   Debtor 1 only   Debtor 2 only   Debtor 1 only   Debtor |                    |   | Last 4 digits of account numbe  | er <u>2825</u>                                  | \$999.00                   |
| Potestor 2 only   Debtor 1 and Debtor Debtor    |                    | Po Box 965015   | When was the debt incurred?   | •   | _                          |
| Debtor 2 only  |                    | · ·   | As of the date you file, the clain  | m is: Check all that apply                      |                            |
| Debtor 1 and Debtor 2 only   |                    | Debtor 1 only   | ☐ Contingent  |   |                            |
| At least one of the debtors and another   Check it this delatin is for a community debt   Student loans   Student loans   Student loans   Student loans   Student loans   Obtigitations arising out of a separation agreement or divorce that you did not report as priority claims   Obtigitations arising out of a separation agreement or divorce that you did not report as priority claims   Obtigitations arising out of a separation agreement or divorce that you did not report as priority claims   Obtigitations arising out of a separation agreement or divorce that you did not report as priority claims   Obtigitations arising out of a separation agreement or divorce that you did not report as priority claims   Obtigitations arising out of a separation agreement or divorce that you did not report as priority claims   Obtigitations arising out of a separation agreement or divorce that you do not have additional persons to be notified for any of the debts that you listed in Parts 1 or 2. For example, if a collection agency have. Similarly, if your have more than one creditor for any of the debts that you listed in Parts 1 or 2. For example, if a collection agency have. Similarly, if your have more than one creditor for any of the debts that you listed in Parts 1 or 2. For example, if a collection agency have. Similarly, if your have more than one creditor for any of the debts that you listed in Parts 1 or 2. Item 1 to 2. For example, if a collection agency have similarly if your have more than one creditor for any of the debts that you listed in Parts 1 or 2. Item 1 to 2. Item 2 to 2. Item 4.9 of (Check one).  |                    | Debtor 2 only   | ☐ Unliquidated  |   |                            |
| Check if this claim is for a community debt   Chilgistions arising out of a separation agreement or divorce that you did not report as promity claims  |                    | ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed  |   |                            |
| Colligations arising out of a separation agreement or divorce that you did not report as priority claims   |                    | ☐ At least one of the debtors and another   | Type of NONPRIORITY unsecu  | red claim:                                      |                            |
| Is the claim subject to offset?    Debts to pension or profit-sharing plans, and other similar debts   |                    | ☐ Check if this claim is for a community  | ☐ Student loans   |   |                            |
| Debts to pension or profit-sharing plans, and other similar debts  |                    |   |   | eparation agreement or divorce that you did not |                            |
| Yes  |                    | _   | <u></u>   |   |                            |
| S. Use this page only if you have others to be notified about your bankruptey, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list tye collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, then list you do not have agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, it is the additional creditor?  Alpha Recovery Corp 6912 S Quentin St Unit 10 Centennial, CO 80112  Last 4 digits of account number  Name and Address  Mandarich Law Group LLP 5965 Transit Road Suite 500  East Amherst, NY 14051  Last 4 digits of account number  Name and Address  Professional Claims Bureau Inc PO Box 9060  Hicksville, NY 11802-9060  Last 4 digits of account number  Name and Address  On which entry in Part 1 or Part 2 did you list the original creditor?  Last 4 digits of account number  Last 4 digits of account number  Name and Address  On which entry in Part 1 or Part 2 did you list the original creditor?  Last 4 digits of account number  Name and Address  On which entry in Part 1 or Part 2 did you list the original creditor?  Last 4 digits of account number  Name and Address  On which entry in Part 1 or Part 2 did you list the original creditor?  Last 4 digits of  |                    |   | ' '   | 01 ,  |                            |
| Super this page only if you have others to be notified shout your hankurptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency have more than one creditor for any of the debts that you listed in Parts 1 or 2, then list the collection agency here. Smilarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, then list the collection agency here. Smilarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, then list the additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.  Name and Address  Alpha Recovery Corp  Salpha Recovery  |                    | ☐ Yes   | Other. Specify Charge A   | ccount  | _                          |
| is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.  Alpha Recovery Corp 6912 S Quentin St Unit 10 Centennial, CO 80112  Last 4 digits of account number  Name and Address First National Bank of Omahia. PO Box 2490 Omaha, NE 68103-2490  Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.1 of (Check one): Part 2: Creditors with Nonpriority Unsecured Claims  On which entry in Part 1 or Part 2 did you list the original creditor?  Last 4 digits of account number  Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.3 of (Check one): Part 2: Creditors with Nonpriority Unsecured Claims  Part 2: Creditors with Priority Unsecured Claims  On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.3 of (Check one): Part 2: Creditors with Nonpriority Unsecured Claims  Part 2: Creditors with Nonpriority Unsecured Claims  September 1. September 2. Creditors with Nonpriority Unsecured Claims  Last 4 digits of account number  Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.6 of (Check one): Part 2: Creditors with Nonpriority Unsecured Claims  Last 4 digits of account number  Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? Part 2: Creditors with Nonpriority Unsecured Claims  Part 2 | Part 3:            | List Others to Be Notified About a D  | ebt That You Already Listed   |   |                            |
| Alpha Recovery Corp 6912 S Quentin St Unit 10 Centennial, CO 80112  Last 4 digits of account number  Name and Address First National Bank of Omaha PO Box 2490 Omaha, NE 68103-2490  Name and Address Mandarich Law Group LLP 5965 Transit Road Suite 500 East Amherst, NY 14051  Name and Address Professional Claims Bureau Inc PO Box 9060 Hicksville, NY 11802-9060  Name and Address Professional Claims Bureau Inc PO Box 9060 Hicksville, NY 11802-9060  Name and Address Professional Claims Bureau Inc PO Box 9060 Hicksville, NY 11802-9060  Name and Address Professional Claims Bureau Inc PO Box 9060 Hicksville, NY 11802-9060  Name and Address Professional Claims Bureau Inc PO Box 9060 Hicksville, NY 11802-9060  Last 4 digits of account number  Name and Address Professional Claims Bureau Inc Po Box 9060 Hicksville, NY 11802-9060  Last 4 digits of account number  Name and Address Professional Claims Bureau Inc Po Box 9060 Hicksville, NY 11802-9060  Last 4 digits of account number  Name and Address Professional Claims Bureau Inc Po Box 9060 Hicksville, NY 11802-9060  Last 4 digits of account number  Name and Address Professional Claims Bureau Inc Po Box 9060 Hicksville, NY 11802-9060  Last 4 digits of account number  Name and Address Professional Claims Bureau Inc Po Box 9060 Hicksville, NY 11802-9060  Last 4 digits of account number  Name and Address Professional Claims Bureau Inc Po Box 9060 Hicksville, NY 11802-9060  Last 4 digits of account number  Name and Address Professional Claims Bureau Inc Po Box 9060 Hicksville, NY 11802-9060  Last 4 digits of account number  Name and Address Professional Claims Bureau Inc Po Box 9060 Hicksville, NY 11802-9060  Last 4 digits of account number  Name and Address Professional Claims Bureau Inc Po Box 9060 Hicksville, NY 11802-9060  Last 4 digits of account number  Name and Address Professional Claims Part 2: Creditors with Nonpriority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims Part 2: Creditors with Nonprior | is tryii<br>have r | ng to collect from you for a debt you owe to<br>nore than one creditor for any of the debts t | someone else, list the original creditor<br>hat you listed in Parts 1 or 2, list the ac | in Parts 1 or 2, then list the collection agend | cy here. Similarly, if you |
| Part 2: Creditors with Nonpriority Unsecured Claims  | Name ar            | nd Address  | On which entry in Part 1 or Part 2 did y  | ou list the original creditor?                  |                            |
| Unit 10 Centennial, CO 80112  Last 4 digits of account number  Name and Address First National Bank of Omaha PO Box 2490 Omaha, NE 68103-2490  Name and Address Mandarich Law Group LLP 5965 Transit Road Suite 500 East Amherst, NY 14051  Name and Address Porofessional Claims Bureau Inc PO Box 9060 Hicksville, NY 11802-9060 Hicksville, NY 11802-9060  Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? Last 4 digits of account number  Part 2: Creditors with Nonpriority Unsecured Claims Part 3: Credito |                    |   | Line <b>4.9</b> of ( <i>Check one</i> ):  | ☐ Part 1: Creditors with Priority Unsecured Cla | aims                       |
| Last 4 digits of account number    Centennial, CO 80112  |                    |   |   | ■ Part 2: Creditors with Nonpriority Unsecured  | d Claims                   |
| Name and Address Por Box 2490 Cast 4 digits of account number  On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.1 of (Check one):  Date 1.1 of (Check one):  Date 2.2 creditors with Priority Unsecured Claims  Por Box 2490 Cast 4 digits of account number  Name and Address Mandarich Law Group LLP 5965 Transit Road Suite 500 East Amherst, NY 14051  Name and Address  On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.3 of (Check one):  Part 2: Creditors with Priority Unsecured Claims  Part 2: Creditors with Priority Unsecured Claims  Part 2: Creditors with Nonpriority Unsecured Claims  Last 4 digits of account number  On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.6 of (Check one):  Part 2: Creditors with Priority Unsecured Claims  Part 2: Creditors with Priority Unsecured Claims  Line 4.6 of (Check one):  Part 2: Creditors with Nonpriority Unsecured Claims  Part 2: Creditors with Priority Unsecured Claims  Last 4 digits of account number  Name and Address  On which entry in Part 1 or Part 2 did you list the original creditor?  Line 4.7 of (Check one):  Part 1: Creditors with Priority Unsecured Claims  Part 2: Creditors with Priority Unsecured Claims  Part 2: Creditors with Nonpriority Unsecured Claims  Last 4 digits of account number  Name and Address  On which entry in Part 1 or Part 2 did you list the original creditor?  Last 4 digits of account number  Name and Address  On which entry in Part 1 or Part 2 did you list the original creditor?  Last 4 digits of account number  Name and Address  On which entry in Part 1 or Part 2 did you list the original creditor?  Last 4 digits of account number  Name and Address  On which entry in Part 1 or Part 2 did you list the original creditor?  Part 1: Creditors with Priority Unsecured Claims  Part 2: Creditors with Priority Unsecured Claims  |                    | ~   |   |   |                            |
| Line 4.1 of (Check one):    Part 1: Creditors with Priority Unsecured Claims   Part 2: Creditors with Nonpriority Unsecured Claims   Part 2: Creditors with Nonpriority Unsecured Claims   Part 2: Creditors with Nonpriority Unsecured Claims   Part 3: Creditors with Nonpriority Unsecured Claims   Part 3: Creditors with Nonpriority Unsecured Claims   Part 3: Creditors with Priority Unsecured Claims   Part 1: Creditors with Priority Unsecured Claims   Part 2: Creditors with Nonpriority Unsecured Claims   Part 3: Creditors with Nonpriority Unsecured Claims   Part 4: Creditors with Nonpriority Unsecured Claims   Part 3: Creditors with Priority Unsecured Claims   Part 4: Creditors with Priority Unsecured Claims   Part 3: Creditors with Nonpriority Unsecured Claims   Part 3: Creditors with Nonpriority Unsecured Claims   Part 3: Creditors with Priority Unsecured Claims   Part 4: Creditors with Priority Unsecured Claims   Part 5: Creditors with Priority Unsecured Claims   Part 6: Creditors with Priority Unsecured Claims   Part 7: Creditors with Priority Unsecured Claims   Part 1: Creditors with Priority Unsecured Claims   Part 2: Creditors with Priority Unsecured Claims   Part 3: Creditors with Priority Unsecured Claims   Part 3: Creditors with Priority Unsecured Claims   Part 3: Creditors with Priority Unsecured Claims   Part 4: Creditors with Priority Unsecured Claims   Part 5: Creditors with Priority Unsecured Claims   Part 5: Creditors with Priority Unsecured Claims   Part 5: Creditors with Priority Unsecured Claims   Part 6: Creditors with Priority Unsecured Claims   Part 7: Creditors with Priority Unsecured Claims  |                    |   | Last 4 digits of account number   |   |                            |
| Po Box 2490 Omaha, NE 68103-2490  Last 4 digits of account number  On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.3 of (Check one):  Part 2: Creditors with Nonpriority Unsecured Claims  Value and Address  Professional Claims  Bureau Inc PO Box 9060 Hicksville, NY 11802-9060  Name and Address Professional Claims  Bureau Inc PO Box 9060 Hicksville, NY 11802-9060  Part 1: Creditors with Nonpriority Unsecured Claims  Part 2: Creditors with Priority Unsecured Claims   | First N            | lational Bank   |   | ☐ Part 1: Creditors with Priority Unsecured Cla |                            |
| Name and Address Mandarich Law Group LLP 5965 Transit Road Suite 500 East Amherst, NY 14051  Name and Address Professional Claims Bureau Inc PO Box 9060 Hicksville, NY 11802-9060  Name and Address Professional Claims Bureau Inc Po Box 9060 Hicksville, NY 11802-9060  Last 4 digits of account number  On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.6 of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Priority Unsecured Claims Part 2: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims Part 2: Creditors with Priority Unsecured Claims Part 2: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims Part 2: Creditors with Priority Unsecured Claims   | PO Bo              | ox 2490   |   | ■ Part 2: Creditors with Nonpriority Unsecured  | d Claims                   |
| Mandarich Law Group LLP 5965 Transit Road Suite 500 East Amherst, NY 14051  Name and Address Professional Claims Bureau Inc PO Box 9060 Hicksville, NY 11802-9060  Name and Address Bureau Inc PO Box 9060 Hicksville, NY 11802-9060  Name and Address Professional Claims Bureau Inc PO Box 9060 Hicksville, NY 11802-9060  Name and Address Professional Claims Bureau Inc PO Box 9060 Hicksville, NY 11802-9060  Name and Address Professional Claims Bureau Inc PO Box 9060 Hicksville, NY 11802-9060  Name and Address Professional Claims Bureau Inc PO Box 9060 Hicksville, NY 11802-9060  Name and Address Part 2: Creditors with Priority Unsecured Claims  Part 2: Creditors with Nonpriority Unsecured Claims  | Oman               | a, NE 00103-2490  | Last 4 digits of account number   |   |                            |
| Mandarich Law Group LLP 5965 Transit Road Suite 500 East Amherst, NY 14051  Name and Address Professional Claims Bureau Inc PO Box 9060 Hicksville, NY 11802-9060  Name and Address Bureau Inc PO Box 9060 Hicksville, NY 11802-9060  Name and Address Professional Claims Bureau Inc PO Box 9060 Hicksville, NY 11802-9060  Name and Address Professional Claims Bureau Inc PO Box 9060 Hicksville, NY 11802-9060  Name and Address Professional Claims Bureau Inc PO Box 9060 Hicksville, NY 11802-9060  Name and Address Professional Claims Bureau Inc PO Box 9060 Hicksville, NY 11802-9060  Name and Address Po Box 9060 Hicksville, NY 11802-9060  Name and Address Po Box 9060 Hicksville, NY 11802-9060  Name and Address Part 2: Creditors with Nonpriority Unsecured Claims   | Name ar            | nd Address  | On which entry in Part 1 or Part 2 did v  | ou list the original creditor?                  |                            |
| Suite 500 East Amherst, NY 14051  Last 4 digits of account number  On which entry in Part 1 or Part 2 did you list the original creditor? Part 2: Creditors with Priority Unsecured Claims Bureau Inc PO Box 9060 Hicksville, NY 11802-9060  Name and Address Professional Claims Bureau Inc PO Box 9060 Hicksville, NY 11802-9060  On which entry in Part 1 or Part 2 did you list the original creditor? Last 4 digits of account number  On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.7 of (Check one): Part 2: Creditors with Priority Unsecured Claims Bureau Inc PO Box 9060 Hicksville, NY 11802-9060  Last 4 digits of account number  Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? Part 2: Creditors with Nonpriority Unsecured Claims Part 2: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims  | Manda              | arich Law Group LLP   |   |   | aims                       |
| East Amherst, NY 14051  Last 4 digits of account number  On which entry in Part 1 or Part 2 did you list the original creditor?  Professional Claims Bureau Inc PO Box 9060 Hicksville, NY 11802-9060  Name and Address Professional Claims Bureau Inc PO Box 9060 Hicksville, NY 11802-9060  On which entry in Part 1 or Part 2 did you list the original creditor?  Last 4 digits of account number  On which entry in Part 1 or Part 2 did you list the original creditor?  Line 4.7 of (Check one): Part 1: Creditors with Priority Unsecured Claims  Bureau Inc PO Box 9060 Hicksville, NY 11802-9060  Name and Address Velocity Investments LLC 1800 NJ-34 Belmar, NJ 07719  Last 4 digits of account number  On which entry in Part 1 or Part 2 did you list the original creditor? Last 4 digits of account number  Part 1: Creditors with Nonpriority Unsecured Claims Part 2: Creditors with Priority Unsecured Claims Part 2: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims  |                    |   |   | ■ Part 2: Creditors with Nonpriority Unsecured  | d Claims                   |
| Name and Address Professional Claims Bureau Inc PO Box 9060 Hicksville, NY 11802-9060  Name and Address Professional Claims Bureau Inc PO Box 9060 Hicksville, NY 11802-9060  Name and Address Professional Claims Bureau Inc Po Box 9060 Last 4 digits of account number  On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.7 of (Check one): Part 1: Creditors with Nonpriority Unsecured Claims  Part 2: Creditors with Priority Unsecured Claims  Part 2: Creditors with Nonpriority Unsecured Claims  Line 4.7 of (Check one): Part 2: Creditors with Nonpriority Unsecured Claims  Part 2: Creditors with Nonpriority Unsecured Claims  Part 2: Creditors with Priority Unsecured Claims  Part 2: Creditors with Nonpriority Unsecured Claims  Part 2: Creditors with Nonpriority Unsecured Claims   |                    |   |   |   |                            |
| Professional Claims Bureau Inc PO Box 9060 Hicksville, NY 11802-9060  Last 4 digits of account number  On which entry in Part 1 or Part 2 did you list the original creditor? Porfessional Claims Bureau Inc PO Box 9060 Hicksville, NY 11802-9060  Name and Address Professional Claims Bureau Inc PO Box 9060 Hicksville, NY 11802-9060  Last 4 digits of account number  Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? Part 2: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims  Part 2: Creditors with Nonpriority Unsecured Claims  Part 2: Creditors with Nonpriority Unsecured Claims  Part 2: Creditors with Priority Unsecured Claims  Part 2: Creditors with Nonpriority Unsecured Claims   | Lasi F             | 14031   | Last 4 digits of account number   |   |                            |
| Bureau Inc PO Box 9060 Hicksville, NY 11802-9060  Last 4 digits of account number  On which entry in Part 1 or Part 2 did you list the original creditor? Professional Claims Bureau Inc PO Box 9060 Hicksville, NY 11802-9060  Last 4 digits of account number  Part 2: Creditors with Nonpriority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims  Name and Address Velocity Investments LLC 1800 NJ-34 Belmar, NJ 07719  Part 2: Creditors with Nonpriority Unsecured Claims Part 2: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims  | Name ar            | nd Address  | On which entry in Part 1 or Part 2 did y  | ou list the original creditor?                  |                            |
| PO Box 9060 Hicksville, NY 11802-9060  Last 4 digits of account number  On which entry in Part 1 or Part 2 did you list the original creditor?  Line 4.7 of (Check one):  Part 2: Creditors with Nonpriority Unsecured Claims  Bureau Inc PO Box 9060 Hicksville, NY 11802-9060  Last 4 digits of account number  Name and Address  On which entry in Part 1 or Part 2 did you list the original creditor?  Last 4 digits of account number  On which entry in Part 1 or Part 2 did you list the original creditor?  Velocity Investments LLC 1800 NJ-34 Belmar, NJ 07719  Part 2: Creditors with Nonpriority Unsecured Claims  Part 2: Creditors with Nonpriority Unsecured Claims  Part 2: Creditors with Nonpriority Unsecured Claims   |                    |   | Line <b>4.6</b> of ( <i>Check one</i> ):  | ☐ Part 1: Creditors with Priority Unsecured Cla | aims                       |
| Hicksville, NY 11802-9060  Last 4 digits of account number  On which entry in Part 1 or Part 2 did you list the original creditor?  Professional Claims Bureau Inc PO Box 9060 Hicksville, NY 11802-9060  Last 4 digits of account number  Part 2: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims  On which entry in Part 1 or Part 2 did you list the original creditor?  Velocity Investments LLC 1800 NJ-34 Belmar, NJ 07719  Part 2: Creditors with Priority Unsecured Claims Part 2: Creditors with Priority Unsecured Claims Part 2: Creditors with Priority Unsecured Claims  |                    |   |   | ■ Part 2: Creditors with Nonpriority Unsecured  | d Claims                   |
| Name and Address Professional Claims Bureau Inc PO Box 9060 Hicksville, NY 11802-9060  Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.7 of (Check one): Part 2: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims  Last 4 digits of account number  On which entry in Part 1 or Part 2 did you list the original creditor? Velocity Investments LLC 1800 NJ-34 Belmar, NJ 07719  Part 2: Creditors with Nonpriority Unsecured Claims Part 2: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims   |                    |   |   |   |                            |
| Professional Claims Bureau Inc PO Box 9060 Hicksville, NY 11802-9060  Name and Address Velocity Investments LLC 1800 NJ-34 Belmar, NJ 07719  Line 4.7 of (Check one):  Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims  |                    | ,   | Last 4 digits of account number   |   |                            |
| Professional Claims Bureau Inc PO Box 9060 Hicksville, NY 11802-9060  Name and Address Velocity Investments LLC 1800 NJ-34 Belmar, NJ 07719  Line 4.7 of (Check one):  Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims  Part 2: Creditors with Priority Unsecured Claims  | Name ar            | nd Address  | On which entry in Part 1 or Part 2 did v  | ou list the original creditor?                  |                            |
| PO Box 9060 Hicksville, NY 11802-9060  Last 4 digits of account number  Name and Address  On which entry in Part 1 or Part 2 did you list the original creditor?  Velocity Investments LLC 1800 NJ-34 Belmar, NJ 07719  Part 2: Creditors with Nonpriority Unsecured Claims  Part 2: Creditors with Nonpriority Unsecured Claims  Part 2: Creditors with Nonpriority Unsecured Claims  |                    |   |   |   | aims                       |
| Hicksville, NY 11802-9060  Last 4 digits of account number  On which entry in Part 1 or Part 2 did you list the original creditor?  Velocity Investments LLC 1800 NJ-34 Belmar, NJ 07719  Description: Part 2 creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims   |                    |   |   | ■ Part 2: Creditors with Nonpriority Unsecured  | d Claims                   |
| Last 4 digits of account number  On which entry in Part 1 or Part 2 did you list the original creditor?  Velocity Investments LLC 1800 NJ-34 Belmar, NJ 07719  Last 4 digits of account number  On which entry in Part 1 or Part 2 did you list the original creditor?  □ Part 1: Creditors with Priority Unsecured Claims  Part 2: Creditors with Nonpriority Unsecured Claims  |                    |   |   |   |                            |
| Velocity Investments LLC  1800 NJ-34  Belmar, NJ 07719  Line 4.9 of (Check one):  □ Part 1: Creditors with Priority Unsecured Claims  □ Part 2: Creditors with Nonpriority Unsecured Claims  | 111072             | VIII.C, 141 11002-3000  | Last 4 digits of account number   |   |                            |
| Velocity Investments LLC  1800 NJ-34  Belmar, NJ 07719  Line 4.9 of (Check one):  □ Part 1: Creditors with Priority Unsecured Claims  □ Part 2: Creditors with Nonpriority Unsecured Claims  | Name or            | nd Address  | On which entry in Part 1 or Part 2 did w  | ou list the original creditor?                  |                            |
| 1800 NJ-34  Belmar, NJ 07719  Part 2: Creditors with Nonpriority Unsecured Claims  |                    |   |   |   | aims                       |
| Belmar, NJ 07719   | 1800 N             | ŊĴ-34   |   |   |                            |
| Last → tilgits of account number   | Belma              | ır, NJ 07719  | Last 4 digits of account number   | 5.1000000                                       | ·                          |
|  |                    |   | Last 4 digits of account number   |   |                            |

Part 4: Add the Amounts for Each Type of Unsecured Claim

| Debtor 1 | Joseph E Landi | Case number (if known) |  |
|----------|----------------|------------------------|--|
|----------|----------------|------------------------|--|

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

|                       |         |   |         |    | Total Claim |
|-----------------------|---------|---|---------|----|-------------|
| Total                 | 6a.     | Domestic support obligations  | 6a.     | \$ | 0.00        |
| claims<br>from Part 1 | 6b.     | Taxes and certain other debts you owe the government  | 6b.     | \$ | 0.00        |
|                       | 6c.     | Claims for death or personal injury while you were intoxicated  | 6c.     | \$ | 0.00        |
|                       | 6d.     | Other. Add all other priority unsecured claims. Write that amount here.                                 | 6d.     | \$ | 0.00        |
|                       | 6e.     | Total Priority. Add lines 6a through 6d.  | 6e.     | \$ | 0.00        |
|                       | 6f.     | Student loans   | 6f.     | \$ | Total Claim |
| Total<br>claims       | <b></b> |   | <b></b> | Ψ  | 0.00        |
| from Part 2           | 6g.     | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g.     | \$ | 0.00        |
|                       | 6h.     | Debts to pension or profit-sharing plans, and other similar debts                                       | 6h.     | \$ | 0.00        |
|                       | 6i.     | <b>Other.</b> Add all other nonpriority unsecured claims. Write that amount here.                       | 6i.     | \$ | 14,884.99   |
|                       | 6j.     | Total Nonpriority. Add lines 6f through 6i.   | 6j.     | \$ | 14,884.99   |

| Fill in this infor                      | rmation to identify your | case:              |            |  |
|---|--------------------------|--------------------|------------|--|
| Debtor 1                                | Joseph E Landi           |                    |            |  |
|   | First Name               | Middle Name        | Last Name  |  |
| Debtor 2                                |                          |                    |            |  |
| (Spouse if, filing)                     | First Name               | Middle Name        | Last Name  |  |
| United States Bankruptcy Court for the: |                          | EASTERN DISTRICT C | F NEW YORK |  |
| Case number                             |                          |                    |            |  |
| (if known)                              |                          |                    |            |  |
|   |                          |                    |            |  |

## Official Form 106G

## **Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

|     | Person or      | company with<br>Name, Number | whom you have the , Street, City, State and ZIF | e contract or lease | State what the contract or lease is for |
|-----|----------------|------------------------------|---|---------------------|---|
| 2.1 |                |                              | ·   |                     |   |
|     | Name           |                              |   |                     |   |
|     | Number         | Street                       |   |                     | _                                       |
|     | City           |                              | State   | ZIP Code            | <u> </u>                                |
| 2.2 |                |                              |   |                     |   |
|     | Name           |                              |   |                     |   |
|     | Number         | Street                       |   |                     |   |
|     | City           |                              | State   | ZIP Code            | <del>_</del>                            |
| 2.3 |                |                              |   |                     |   |
|     | Name           |                              |   |                     | <del></del>                             |
|     | Number         | Street                       |   |                     | <u> </u>                                |
|     | City           |                              | State   | ZIP Code            | _                                       |
| 2.4 | •              |                              |   |                     |   |
|     | Name           |                              |   |                     |   |
|     | Number         | Street                       |   |                     | <u> </u>                                |
|     | City           |                              | State   | ZIP Code            | _                                       |
| 2.5 | _ · · <b>,</b> |                              | 3.000   |                     |   |
|     | Name           |                              |   |                     |   |
|     | Number         | Street                       |   |                     | <u> </u>                                |
|     | City           |                              | State   | ZIP Code            | <u> </u>                                |

Official Form 106G

| Fill in this             | information to identify your   | case:                      |                           |  |   |
|--------------------------|--|----------------------------|---------------------------|--|---|
| Debtor 1                 | Joseph E Landi   |                            |                           |  |   |
|                          | First Name   | Middle Name                | Last Name                 |  |   |
| Debtor 2                 | <u> </u>   |                            |                           |  |   |
| (Spouse if, fili         | ng) First Name   | Middle Name                | Last Name                 |  |   |
| United Sta               | ites Bankruptcy Court for the:   | EASTERN DISTRICT C         | F NEW YORK                |  |   |
| 0                        | h  |                            |                           |  |   |
| Case num<br>(if known)   | per  |                            |                           |  | ☐ Check if this is an   |
| ,                        |  |                            |                           |  | amended filing  |
|                          |  |                            |                           |  | · ·   |
| Officia                  | l Form 106H  |                            |                           |  |   |
| Sched                    | lule H: Your Cod   | lebtors                    |                           |  | 12/15   |
|                          |  |                            |                           |  | .2.10   |
| our name                 | ind number the entries in the<br>and case number (if known<br>you have any codebtors? (if                            | ). Answer every question   |                           |  | p of any Additional Pages, write  |
| 1. 00                    | you have any codebiors? (II  | you are ming a joint case, | do not list either spouse | e as a codebior.                               |   |
| ■ No                     |  |                            |                           |  |   |
| ☐ Yes                    | 5  |                            |                           |  |   |
| Arizon                   | hin the last 8 years, have yo<br>na, California, Idaho, Louisiana<br>Go to line 3.<br>s. Did your spouse, former spo | a, Nevada, New Mexico, Pu  | erto Rico, Texas, Wash    |  | y states and territories include  |
| in line<br>Form<br>out C | e 2 again as a codebtor only<br>106D), Schedule E/F (Officia<br>olumn 2.   | if that person is a guaran | tor or cosigner. Make     | sure you have listed the 16G). Use Schedule D, | g with you. List the person shown<br>ne creditor on Schedule D (Official<br>Schedule E/F, or Schedule G to fill |
|                          | Column 1: Your codebtor Name, Number, Street, City, State and 2  | ZIP Code                   |                           | Column 2: The cre                              | editor to whom you owe the debt es that apply:  |
|                          |  |                            |                           |  | -117  |
| 3.1                      |  |                            |                           | Schedule D, lin                                |   |
|                          | Name   |                            |                           | ☐ Schedule E/F, I                              |   |
|                          |  |                            |                           | ☐ Schedule G, lin                              | e   |
|                          | Number Street  |                            |                           |  |   |
|                          | City   | State                      | ZIP Code                  |  |   |
|                          |  |                            |                           |  |   |
| 3.2                      |  |                            |                           | Schedule D, lin                                | e   |
|                          | Name   |                            |                           | ☐ Schedule E/F, I                              |   |
|                          |  |                            |                           | ☐ Schedule G, lin                              | e   |
| -                        | Number Street  |                            |                           | _  |   |
|                          | City   | State                      | ZIP Code                  |  |   |

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| Fill               | in this information to identify your c   | ase:                          |   |                      |                | ĺ        |                         |                           |                              |                 |
|--------------------|--|-------------------------------|---|----------------------|----------------|----------|-------------------------|---------------------------|------------------------------|-----------------|
|                    | otor 1 Joseph E La   |                               |   |                      |                |          |                         |                           |                              |                 |
|                    | otor 2   |                               |   |                      | _              |          |                         |                           |                              |                 |
| Uni                | ted States Bankruptcy Court for the  | : EASTERN DISTRICT            | OF NEW YORK                                 |                      |                |          |                         |                           |                              |                 |
|                    | se number<br>nown)   |                               |   |                      |                |          |                         | d filing<br>ent showin    | g postpetition               |                 |
| 0                  | fficial Form 106l  |                               |   |                      |                | _        |                         |                           | ollowing date:               |                 |
|                    | chedule I: Your Inc  | ome                           |   |                      |                | Γ        | MM / DD/ Y              | YYY                       |                              | 12/15           |
| sup<br>spo<br>atta | as complete and accurate as possiblying correct information. If you use. If you are separated and you ch a separate sheet to this form.  Describe Employment | are married and not filing wi | ng jointly, and your sith you, do not inclu | spouse i<br>de infor | is liv<br>mati | ing with | you, incl<br>t your spo | ude inforn<br>ouse. If mo | nation about<br>ore space is | your<br>needed, |
| 1.                 | Fill in your employment information.   |                               | Debtor 1                                    |                      |                |          | Debtor 2                | or non-fi                 | ling spouse                  |                 |
|                    | If you have more than one job,   |                               | ☐ Employed                                  |                      |                |          | ☐ Emple                 | oyed                      |                              |                 |
|                    | attach a separate page with information about additional   | Employment status             | ■ Not employed                              |                      |                |          | ☐ Not e                 | mployed                   |                              |                 |
|                    | employers.   | Occupation                    |   |                      |                |          |                         |                           |                              |                 |
|                    | Include part-time, seasonal, or self-employed work.  | Employer's name               |   |                      |                |          |                         |                           |                              |                 |
|                    | Occupation may include student or homemaker, if it applies.  | Employer's address            |   |                      |                |          |                         |                           |                              |                 |
|                    |  | How long employed the         | here?                                       |                      |                |          |                         |                           |                              |                 |
| Par                | t 2: Give Details About Mon  | nthly Income                  |   |                      |                |          |                         |                           |                              |                 |
| spou<br>If yo      | mate monthly income as of the duse unless you are separated.  u or your non-filing spouse have monthly income as of the dust.                                | ore than one employer, co     |   |                      |                |          |                         |                           | ·                            |                 |
| more               | e space, attach a separate sheet to  | this form.                    |   |                      |                | For De   | htor 1                  | For Do                    | btor 2 or                    |                 |
|                    |  |                               |   |                      |                | FOI DE   | DIOI I                  |                           | ng spouse                    |                 |
| 2.                 | List monthly gross wages, sala deductions). If not paid monthly,   |                               |   | 2.                   | \$             |          | 0.00                    | \$                        | N/A                          |                 |
| 3.                 | Estimate and list monthly overt  | ime pay.                      |   | 3.                   | +\$            |          | 0.00                    | +\$                       | N/A                          |                 |
| 4.                 | Calculate gross Income. Add lin  | ne 2 + line 3.                |   | 4.                   | \$             |          | 0.00                    | \$                        | N/A                          |                 |

Official Form 106I Schedule I: Your Income page 1

| Deb      | tor 1             | Joseph E Landi   | _                  | Cas            | se number (if kno | own)              |                  |                    |                   |                   |
|----------|-------------------|--|--------------------|----------------|-------------------|-------------------|------------------|--------------------|-------------------|-------------------|
|          |                   |  |                    | Fo             | or Debtor 1       |                   |                  | Debtor<br>filing s | 2 or spouse       |                   |
|          | Сор               | y line 4 here  | 4.                 | \$             | 0                 | .00               | \$               |                    | N/A               | _                 |
| 5.       | List              | all payroll deductions:  |                    |                |                   |                   |                  |                    |                   |                   |
|          | 5a.<br>5b.<br>5c. | Tax, Medicare, and Social Security deductions  Mandatory contributions for retirement plans  Voluntary contributions for retirement plans  | 5a.<br>5b.<br>5c.  | \$<br>\$<br>\$ | 0.                | .00               | \$<br>\$         |                    | N/A<br>N/A        | _                 |
|          | 5d.<br>5e.        | Required repayments of retirement fund loans Insurance   | 5d.<br>5e.         | \$<br>\$       | 0.                | .00               | \$               |                    | N/A<br>N/A<br>N/A | <del>-</del><br>- |
|          | 5f.<br>5g.<br>5h. | Domestic support obligations Union dues Other deductions. Specify:   | 5f.<br>5g.<br>5h.+ | \$<br>\$<br>\$ | 0                 | .00<br>.00<br>.00 | \$<br>\$<br>+ \$ |                    | N/A<br>N/A<br>N/A | _                 |
| 6.       | Add               | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.   | 6.                 | \$             | 0.                | .00               | \$               |                    | N/A               | _                 |
| 7.<br>8. |                   | all other income regularly received:  Net income from rental property and from operating a business,   | 7.                 | \$             | 0                 | .00               | \$               |                    | N/A               | =                 |
|          |                   | profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.  | 8a.                | \$             | 0.                | .00               | \$               |                    | N/A               |                   |
|          | 8b.<br>8c.        | Interest and dividends Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce   | 8b.                | \$             | 0                 | .00               | \$               |                    | N/A               | _                 |
|          | 0.1               | settlement, and property settlement.   | 8c.                | \$             |                   | .00               | \$               |                    | N/A               |                   |
|          | 8d.<br>8e.        | Unemployment compensation Social Security  | 8d.<br>8e.         | \$<br>\$       | 1,092<br>0        | .00               | \$<br>\$         |                    | N/A<br>N/A        | _                 |
|          | 8f.               | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: |                    | \$             |                   | .00               | \$               |                    | N/A               | _                 |
|          | 8g.               | Pension or retirement income   | 8g.                | \$             |                   | .00               | \$               |                    | N/A               | _                 |
|          | 8h.               | Other monthly income. Specify:   | 8h.+               | \$             | 0.                | .00               | + \$             |                    | N/A               | _                 |
| 9.       | Add               | all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.   | 9.                 | \$_            | 1,092             | .00               | \$               |                    | N/A               | <b>A</b>          |
| 10.      |                   | culate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.   | 10. \$             |                | 1,092.00          | + \$_             |                  | N/A                | = \$ _            | 1,092.00          |
| 11.      | Inclu<br>othe     | e all other regular contributions to the expenses that you list in Schedule ade contributions from an unmarried partner, members of your household, your r friends or relatives.  not include any amounts already included in lines 2-10 or amounts that are not cify: | depen              |                |                   |                   |                  | chedule<br>11.     |                   | 0.00              |
| 12.      |                   | the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certaines   |                    |                |                   |                   |                  | 12.                | \$                | 1,092.00          |
| 13.      | Do y              | ou expect an increase or decrease within the year after you file this form   | ?                  |                |                   |                   |                  | ι                  | Combi<br>month    | ned<br>ly income  |
|          |                   | No.<br>Yes Explain:  |                    |                |                   |                   |                  |                    |                   |                   |

Official Form 106l Schedule I: Your Income page 2

| Fill       | in this information to identify your case:  |   |                            |  |  |
|------------|---|---|----------------------------|--|--|
| Deb        | otor 1 Joseph E Landi   |   | Checl                      | c if this is:                            |  |
|            | oosepii L Lanui   |   |                            | An amended filing                        |  |
|            | otor 2output 2  |   |                            | A supplement show<br>13 expenses as of t | ving postpetition chapter                |
| (Sp        | ouse, ii iiirig)  |   |                            | is expenses as on                        | trie following date.                     |
| Unit       | ted States Bankruptcy Court for the: EASTERN DISTRICT OF NEW YO   | RK  | 1                          | MM / DD / YYYY                           |  |
| l          | se numberknown)   |   |                            |  |  |
| 0          | fficial Form 106J   |   |                            |  |  |
| S          | chedule J: Your Expenses  |   |                            |  | 12/15                                    |
| Be<br>info | as complete and accurate as possible. If two married people are ormation. If more space is needed, attach another sheet to this fomber (if known). Answer every question. | filing together, bo<br>orm. On the top of | th are equa<br>any additio | lly responsible fo<br>nal pages, write y | r supplying correct<br>our name and case |
| Par        | rt 1: Describe Your Household   |   |                            |  |  |
| 1.         | Is this a joint case?   |   |                            |  |  |
|            | No. Go to line 2.   |   |                            |  |  |
|            | ☐ Yes. Does Debtor 2 live in a separate household?  |   |                            |  |  |
|            | ☐ No ☐ Yes. Debtor 2 must file Official Form 106J-2, <i>Expenses fi</i>   | or Separate Housel                        | <i>hold</i> of Debte       | or 2.                                    |  |
| _          |   | or coparato risuco.                       |                            | <b>_</b> .                               |  |
| 2.         | Do you have dependents? ■ No  |   |                            |  |  |
|            | Do not list Debtor 1 and Yes. Fill out this information for each dependent  | Dependent's relation Debtor 1 or Debtor   |                            | Dependent's<br>age                       | Does dependent live with you?            |
|            | Do not state the  |   |                            |  | □ No                                     |
|            | dependents names.   |   |                            |  | ☐ Yes                                    |
|            |   |   |                            |  | □ No                                     |
|            |   |   |                            |  | ☐ Yes                                    |
|            |   |   |                            |  | □ No                                     |
|            |   |   |                            |  | Yes                                      |
|            |   |   |                            |  | □ No                                     |
| 2          | Do your expenses include ■ No.  |   |                            |  | ☐ Yes                                    |
| 3.         | expenses of people other than yourself and your dependents?   |   |                            |  |  |
| Par        | rt 2: Estimate Your Ongoing Monthly Expenses  |   |                            |  |  |
| Est<br>exp | timate your expenses as of your bankruptcy filing date unless yo<br>penses as of a date after the bankruptcy is filed. If this is a supple<br>plicable date.              |   |                            |  |  |
| the        | clude expenses paid for with non-cash government assistance if ye value of such assistance and have included it on <i>Schedule I: Yo</i> fficial Form 106I.)              |   |                            | Your expe                                | enses                                    |
| ,51        |   |   |                            |  |  |
| 4.         | The rental or home ownership expenses for your residence. Incompayments and any rent for the ground or lot.   | clude first mortgage                      | 4. \$                      |  | 0.00                                     |
|            | If not included in line 4:  |   |                            |  |  |
|            | 4a. Real estate taxes   |   | 4a. \$                     |  | 0.00                                     |
|            | 4b. Property, homeowner's, or renter's insurance  |   | 4b. \$                     |  | 0.00                                     |
|            | 4c. Home maintenance, repair, and upkeep expenses   |   | 4c. \$                     |  | 0.00                                     |
| _          | 4d. Homeowner's association or condominium dues  Additional mortgage payments for your residence, such as hom   | o oquitu le                               | 4d. \$<br>5. \$            |  | 0.00                                     |
| 5.         | AUDITIONAL MOREQUE DAVIDENTS FOR YOUR RESIDENCE, SHOW AS NOW  | e equity toans                            | ე. ბ                       |  | 0.00                                     |

| Deb      | tor 1          | Joseph E Landi   | Case num     | ber (if known)                        |                             |
|----------|----------------|--|--------------|---------------------------------------|-----------------------------|
| 6.       | Utilit         | ios:   |              |                                       |                             |
| υ.       | 6a.            | Electricity, heat, natural gas   | 6a.          | \$                                    | 0.00                        |
|          | 6b.            | Water, sewer, garbage collection   | 6b.          | · ·                                   | 0.00                        |
|          | 6c.            | Telephone, cell phone, Internet, satellite, and cable services   | 6c.          | ·                                     | 120.00                      |
|          | 6d.            | Other. Specify:  | 6d.          | ·                                     | 0.00                        |
| 7.       |                | and housekeeping supplies  | 0d.<br>7.    | · ·                                   |                             |
| 7.<br>8. |                | lcare and children's education costs   | 7.<br>8.     | ·                                     | 100.00                      |
|          |                |  |              | ·                                     | 0.00                        |
| 9.       |                | ning, laundry, and dry cleaning onal care products and services  | 9.<br>10.    |                                       | 88.00                       |
|          |                | •  | -            | •                                     | 43.00                       |
| 11.      |                | cal and dental expenses  | 11.          | \$                                    | 55.00                       |
| 12.      |                | sportation. Include gas, maintenance, bus or train fare.<br>ot include car payments.                     | 12.          | \$                                    | 100.00                      |
| 13       |                | rtainment, clubs, recreation, newspapers, magazines, and books   | 13.          | ·                                     | 0.00                        |
|          |                | itable contributions and religious donations   | 14.          | · ·                                   | 0.00                        |
|          | Insur          | <u> </u>   | 14.          | Ψ                                     | 0.00                        |
| 15.      |                | ot include insurance deducted from your pay or included in lines 4 or 20.                                |              |                                       |                             |
|          |                | Life insurance   | 15a.         | \$                                    | 0.00                        |
|          |                | Health insurance   | 15b.         | ·                                     | 0.00                        |
|          |                | Vehicle insurance  | 15c.         | · · · · · · · · · · · · · · · · · · · | 212.00                      |
|          |                | Other insurance. Specify:  | 15d.         | · -                                   | 0.00                        |
| 16       |                | s. Do not include taxes deducted from your pay or included in lines 4 or 20.                             |              | Ψ                                     | 0.00                        |
| 10.      | Spec           |  | 16.          | \$                                    | 0.00                        |
| 17.      |                | Ilment or lease payments:  |              | <u> </u>                              | 0.00                        |
|          |                | Car payments for Vehicle 1   | 17a.         | \$                                    | 302.00                      |
|          |                | Car payments for Vehicle 2   | 17b.         | \$                                    | 0.00                        |
|          |                | Other. Specify:  | 17c.         | \$                                    | 0.00                        |
|          |                | Other. Specify:  | 17d.         | ·                                     | 0.00                        |
| 18       |                | payments of alimony, maintenance, and support that you did not report as                                 |              | Ψ                                     | 0.00                        |
|          |                | cted from your pay on line 5, Schedule I, Your Income (Official Form 106I).                              | 18.          | \$                                    | 0.00                        |
| 19.      |                | r payments you make to support others who do not live with you.  |              | \$                                    | 0.00                        |
|          | Spec           | ify:   | 19.          |                                       |                             |
| 20.      | Othe           | r real property expenses not included in lines 4 or 5 of this form or on Sche                            | edule I: Yo  | our Income.                           |                             |
|          | 20a.           | Mortgages on other property  | 20a.         | \$                                    | 0.00                        |
|          | 20b.           | Real estate taxes  | 20b.         | \$                                    | 0.00                        |
|          | 20c.           | Property, homeowner's, or renter's insurance   | 20c.         | \$                                    | 0.00                        |
|          | 20d.           | Maintenance, repair, and upkeep expenses   | 20d.         | \$                                    | 0.00                        |
|          |                | Homeowner's association or condominium dues  | 20e.         | \$                                    | 0.00                        |
| 21.      | Othe           | r: Specify:  | 21.          | +\$                                   | 0.00                        |
|          |                |  |              |                                       |                             |
| 22.      |                | ulate your monthly expenses  |              |                                       |                             |
|          |                | Add lines 4 through 21.  |              | \$                                    | 1,020.00                    |
|          | 22b.           | Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2                          |              | \$                                    |                             |
|          | 22c.           | Add line 22a and 22b. The result is your monthly expenses.   |              | \$                                    | 1,020.00                    |
| 22       | Calc           | ulate your menthly not income  |              |                                       |                             |
| ۷٥.      |                | ulate your monthly net income.  Copy line 12 (your combined monthly income) from Schedule I.             | 23a.         | ¢                                     | 1,092.00                    |
|          |                | Copy your monthly expenses from line 22c above.  | 23a.<br>23b. | *                                     |                             |
|          | ∠30.           | Copy your monthly expenses from line 220 above.  | 230.         | -φ                                    | 1,020.00                    |
|          | 230            | Subtract your monthly expenses from your monthly income  |              |                                       |                             |
|          | ∠3C.           | Subtract your monthly expenses from your monthly income.  The result is your <i>monthly net income</i> . | 23c.         | \$                                    | 72.00                       |
|          |                | The result is your monuny net moonie.  |              |                                       |                             |
| 24.      |                | ou expect an increase or decrease in your expenses within the year after yo                              |              |                                       |                             |
|          | For ex         | cample, do you expect to finish paying for your car loan within the year or do you expect your           |              |                                       | se or decrease because of a |
|          |                | cation to the terms of your mortgage?  |              |                                       |                             |
|          | ■ No           | 0.   |              |                                       |                             |
|          | $\square \vee$ | Evolain here:  |              |                                       |                             |

| Debtor 2 (Spouse if, filing)  United States Bankr Case number (if known)  Official Form | 106Dec<br>on About a                               | Middle Name  Middle Name  EASTERN DISTRICT O | Last Name  Last Name  DF NEW YORK  Debtor's Sche |                         | ☐ Check if this is an amended filing                         |
|---|--|--|--|-------------------------|--|
| Debtor 2 (Spouse if, filing)  United States Bankr Case number (if known)  Official Form | First Name uptcy Court for the:  106Dec on About a | Middle Name  EASTERN DISTRICT C              | Last Name  OF NEW YORK                           |                         | _  |
| (Spouse if, filing) United States Bankr Case number (if known)  Official Form           | uptcy Court for the:  106Dec  n About a            | EASTERN DISTRICT (                           | DF NEW YORK                                      | ndulas                  | _  |
| Case number (if known)  Official Form   | 106Dec<br>on About a                               |  |  | ndulas                  | _  |
| Official Form   | n About a  | n Individual                                 | Debtor's Sche                                    | ndulas                  | _  |
| Official Form   | n About a  | n Individual                                 | Debtor's Sche                                    | ndulas                  | _  |
| Declaration   | n About a  | n Individual                                 | Debtor's Sche                                    | ndulas                  |  |
| If two married peop   |  |  |  | zuulcə                  | 12/15  |
| Sign B  | elow   |  |  |                         |  |
| Did you pay o   | agree to pay someo                                 | ne who is NOT an atto                        | rney to help you fill out bankı                  | ruptcy forms?           |  |
| ■ No  |  |  |  |                         |  |
| ☐ Yes. Nam  | ne of person                                       |  |  |                         | Petition Preparer's Notice,<br>Signature (Official Form 119) |
| Under penalty<br>that they are tr   |  | hat I have read the sum                      | nmary and schedules filed wit                    | th this declaration and |  |
|   | n E Landi  |  | X  |                         |  |
| X /s/ Josepl  |  |  | Signature of Debt                                |                         |  |
| X /s/ Joseph<br>Joseph E<br>Signature of  |  |  | Olgridiano di Bossi                              | tor 2                   |  |

Official Form 106Dec

| Fill in this information to identify your case:  |   |
|--|---|
| Debtor 1 Joseph E Landi  |   |
| First Name Middle Name Last Name   |   |
| Debtor 2   (Spouse if, filing)   First Name   Middle Name   Last Name   Last Name   Control of the control of |   |
| United States Bankruptcy Court for the: _EASTERN DISTRICT OF NEW YORK  |   |
| Case number  |   |
| (if known)   | Check if this is an amended filing                    |
|  | -   |
| Official Form 107  |   |
| Statement of Financial Affairs for Individuals Filing for Bankruptcy   | 4/19  |
| Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for su information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write you number (if known). Answer every question.  |   |
| Part 1: Give Details About Your Marital Status and Where You Lived Before  |   |
| 1. What is your current marital status?  |   |
| ☐ Married  |   |
| ■ Not married  |   |
| 2. During the last 3 years, have you lived anywhere other than where you live now?   |   |
| ■ No   |   |
| ☐ Yes. List all of the places you lived in the last 3 years. Do not include where you live now.  |   |
| Debtor 1 Prior Address:  Dates Debtor 1 Debtor 2 Prior Address:  lived there   | Dates Debtor 2 lived there                            |
| 3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territo states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington and  |   |
| ■ No   |   |
| ☐ Yes. Make sure you fill out <i>Schedule H: Your Codebtors</i> (Official Form 106H).  |   |
| Part 2 Explain the Sources of Your Income  |   |
| 4. Did you have any income from employment or from operating a business during this year or the two previous cale Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.  | endar years?  |
| □ No   |   |
| Yes. Fill in the details.  |   |
| Debtor 1 Debtor 2  |   |
| Sources of income Check all that apply.  Gross income (before deductions and exclusions)  Sources of income Check all that apply.  | Gross income<br>(before deductions<br>and exclusions) |
| From January 1 of current year until the date you filed for bankruptcy:  Wages, commissions, bonuses, tips  \$800.00 Under Wages, commissions, bonuses, tips   |   |
| ☐ Operating a business ☐ Operating a business  |   |

Official Form 107

| De | ebtor 1 | Jos         | seph E L  | andi  |  | Case  | e number (if known)  |   |
|----|---------|-------------|---|---|--|---|--|---|
|    |         |             |   |   |  |   |  |   |
|    |         |             |   |   | Debtor 1   |   | Debtor 2   |   |
|    |         |             |   |   | Sources of income<br>Check all that apply.   | Gross income<br>(before deductions and<br>exclusions)   | Sources of income<br>Check all that apply.   | Gross income<br>(before deductions<br>and exclusions) |
|    |         |             | dar year:<br>Decembei                             | · 31, 2018 )  | ■ Wages, commissions, bonuses, tips  | \$30,508.00   | ☐ Wages, commissions, bonuses, tips  |   |
|    |         |             |   |   | ☐ Operating a business   |   | ☐ Operating a business   |   |
|    |         |             |   | efore that:<br>31, 2017)  | ■ Wages, commissions, bonuses, tips  | \$4,833.00  | ☐ Wages, commissions, bonuses, tips  |   |
|    |         |             |   |   | ☐ Operating a business   |   | ☐ Operating a business   |   |
|    | List e  | ach s<br>No | •   | the gross inco  | e and you have income that yource separa   | ,   | •  |   |
|    |         |             |   |   | D-144  |   | D-14 0   |   |
|    |         |             |   |   | Debtor 1 Sources of income Describe below.   | Gross income from each source (before deductions and exclusions)  | Debtor 2 Sources of income Describe below.   | Gross income<br>(before deductions<br>and exclusions) |
|    |         |             |   | ent year until<br>nkruptcy:   | Unemployment   | \$1,092.00  |  |   |
| Pa | art 3:  | List        | Certain P   | avments You   | Made Before You Filed for  | Bankruptcv  |  |   |
| 6. | _       | No.         | Neither Dindividual During the No. Yes  * Subject | pebtor 1 nor D primarily for a e 90 days befor Go to line 7 List below e paid that crunot include t to adjustment or Debtor 2 o e 90 days befor Go to line 7 List below e | personal, family, or househoure you filed for bankruptcy, diseach creditor to whom you paieditor. Do not include payment payments to an attorney for the on 4/01/22 and every 3 year both have primarily consume you filed for bankruptcy, diseach creditor to whom you paied or whom you paied or you filed for bankruptcy. | umer debts. Consumer debts Id purpose."  id you pay any creditor a total id a total of \$6,825* or more i this for domestic support oblig his bankruptcy case. Is after that for cases filed on umer debts. Id you pay any creditor a total id a total of \$600 or more and | n one or more payments and to ations, such as child support a or after the date of adjustmen of \$600 or more? | the total amount you<br>and alimony. Also, do<br>t.   |
|    |         |             | . 20  | include pay   |  |   | port and alimony. Also, do not   |   |

| Del | otor 1 Joseph E Landi   |  | Cas  | se number (if known)                        |   |  |
|-----|---|--|--|---|---|--|
|     |   |  |  |   |   |  |
|     | Creditor's Name and Address   | Dates of payment   | Total amount paid  | Amount you still owe                        | Was this pa   | ayment for   |
|     | Bethpage Fed Cr Union<br>899 S Oyster Bay Road<br>Bethpage, NY 11714  | 10/19; 11/09; 12/09  | \$303.00   | \$0.00                                      | ☐ Mortgage ■ Car ☐ Credit Ca ☐ Loan Rep ☐ Suppliers ☐ Other | ard<br>payment                                     |
| 7.  | Within 1 year before you filed for bankrup <i>Insiders</i> include your relatives; any general p of which you are an officer, director, person is a business you operate as a sole proprietor, alimony. | artners; relatives of any ger<br>n control, or owner of 20% of | neral partners; partners partners or more of their votin | erships of which yog<br>g securities; and a | ou are a genera<br>ny managing a                            | al partner; corporations<br>gent, including one fo |
|     | ■ No  |  |  |   |   |  |
|     | ☐ Yes. List all payments to an insider.   |  |  |   |   |  |
|     | Insider's Name and Address  | Dates of payment   | Total amount paid  | Amount you still owe                        | Reason for  | this payment                                       |
|     | Include payments on debts guaranteed or co  ■ No □ Yes. List all payments to an insider   | signed by an insider.  |  |   |   |  |
|     | Insider's Name and Address  | Dates of payment   | Total amount paid  | Amount you still owe                        | Reason for Include cred                                     | this payment<br>litor's name                       |
| Pai | t 4: Identify Legal Actions, Repossession   | ons and Foreclosures   |  |   |   |  |
| 9.  | Within 1 year before you filed for bankrup List all such matters, including personal injury modifications, and contract disputes.  No Yes. Fill in the details.   |  |  |   |   |  |
|     | Case title Case number  | Nature of the case   | Court or agency  |   | Status of th  | ie case  |
|     | Midland Funding LLC vs. Joseph<br>Landi<br>CV-008331-19/CE  | Consumer Credit<br>Transaction                                 | First District C<br>County<br>of Suffolk Stat<br>York    |   | ■ Pending □ On appe □ Conclud                               | eal  |
| 10. | Within 1 year before you filed for bankrup<br>Check all that apply and fill in the details belo   |  | erty repossessed, f                                      | foreclosed, garnis                          | shed, attached  | d, seized, or levied?                              |
|     | <ul><li>No. Go to line 11.</li><li>Yes. Fill in the information below.</li></ul>  |  |  |   |   |  |
|     | Creditor Name and Address   | Describe the Property  Explain what happened                   | d  | Date  |   | Value of the property                              |
| 11. | Within 90 days before you filed for bankru accounts or refuse to make a payment be  No  Yes. Fill in the details.   |  | luding a bank or fi                                      | nancial institutior                         | n, set off any a  | amounts from your                                  |
|     | Creditor Name and Address   | Describe the action the  | e creditor took  | Date  | action was  | Amount   |
|     |   |  |  | taker                                       | 1   |  |

| Deb | otor 1 Joseph E Landi  | Case number (  | if known)                               |                          |  |  |
|-----|--|--|---|--------------------------|--|--|
|     |  |  |   |                          |  |  |
| 12. | Vithin 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official? |  |   |                          |  |  |
|     | ■ No □ Yes   |  |   |                          |  |  |
| Par | t 5: List Certain Gifts and Contributions  |  |   |                          |  |  |
| 13. | Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?   |  |   |                          |  |  |
|     | ■ No   |  |   |                          |  |  |
|     | Yes. Fill in the details for each gift.  |  |   |                          |  |  |
|     | Gifts with a total value of more than \$600 per person   | Describe the gifts   | Dates you gave the gifts                | Value                    |  |  |
|     | Person to Whom You Gave the Gift and Address:  |  |   |                          |  |  |
| 14. | Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?  No  |  |   |                          |  |  |
|     | ☐ Yes. Fill in the details for each gift or contribution.  |  |   |                          |  |  |
|     | Gifts or contributions to charities that total more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code)   | Describe what you contributed  | Dates you contributed                   | Value                    |  |  |
| Par |  |  |   |                          |  |  |
| 15. | Within 1 year before you filed for bankruptoor gambling?  No Yes. Fill in the details.   | y or since you filed for bankruptcy, did you lose anytl  | hing because of thef                    | t, fire, other disaster, |  |  |
|     | how the loss occurred  | scribe any insurance coverage for the loss   | Date of your loss                       | Value of property lost   |  |  |
|     | Inc  | lude the amount that insurance has paid. List pending urance claims on line 33 of Schedule A/B: Property.  | 1000                                    | 1001                     |  |  |
| Par | t 7: List Certain Payments or Transfers  | , ,  |   |                          |  |  |
| 16. | consulted about seeking bankruptcy or pre  | y, did you or anyone else acting on your behalf pay o<br>paring a bankruptcy petition?<br>arers, or credit counseling agencies for services required |   | rty to anyone you        |  |  |
|     | □ No   |  |   |                          |  |  |
|     | Yes. Fill in the details.  |  |   |                          |  |  |
|     | Person Who Was Paid<br>Address<br>Email or website address<br>Person Who Made the Payment, if Not You  | Description and value of any property transferred  | Date payment<br>or transfer was<br>made | Amount of payment        |  |  |
|     | Phillips, Artura & Cox<br>165 South Wellwood Avenue<br>Lindenhurst, NY 11757<br>Bankruptcy@pwqlaw.com  | Attorney Fees of \$1,400   | 12/2/19 and<br>12/5/19                  | \$1,400.00               |  |  |

| Deb | tor 1 Joseph E Landi   | C   | case number (   | if known)                                |                        |  |  |  |  |
|-----|--|---|-----------------|--|------------------------|--|--|--|--|
| 17. | Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors? Do not include any payment or transfer that you listed on line 16.   |   |                 |  |                        |  |  |  |  |
|     | ■ No □ Yes. Fill in the details.   |   |                 |  |                        |  |  |  |  |
|     | Person Who Was Paid<br>Address   | Description and value of any property transferred |                 | Date payment or transfer was made        | Amount of payment      |  |  |  |  |
| 18. | <ul> <li>Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?</li> <li>Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.</li> <li>No</li> <li>Yes. Fill in the details.</li> </ul> |   |                 |  |                        |  |  |  |  |
|     | Person Who Received Transfer<br>Address<br>Person's relationship to you  | Description and value of property transferred     |                 | iny property or received or debts change | Date transfer was made |  |  |  |  |
| 19. | Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.)  No  Yes. Fill in the details.   |   |                 |  |                        |  |  |  |  |
|     | Name of trust  | Description and value of the prope                | erty transferre | ed                                       | Date Transfer was made |  |  |  |  |
| Par | 8: List of Certain Financial Accounts, Instru  | ments, Safe Deposit Boxes, and Stor               | age Units       |  |                        |  |  |  |  |

20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.

■ No

☐ Yes. Fill in the details.

Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)

Last 4 digits of account number

Type of account or instrument

Date account was closed, sold, moved, or transferred Last balance before closing or transfer

21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?

No

Yes. Fill in the details.

Name of Financial Institution Address (Number, Street, City, State and ZIP Code) Who else had access to it?
Address (Number, Street, City,
State and ZIP Code)

Describe the contents

Do you still have it?

22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?

■ No

☐ Yes. Fill in the details.

Name of Storage Facility Address (Number, Street, City, State and ZIP Code) Who else has or had access to it?

Address (Number, Street, City, State and ZIP Code)

Describe the contents

Do you still have it?

| De  | otor 1 Joseph E Landi   |  | Case number (if known)                           |          |  |  |  |  |
|-----|---|--|--|----------|--|--|--|--|
| Pa  | t 9: Identify Property You Hold or Control for S  | omeone Else  |  |          |  |  |  |  |
| 23. | Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.  |  |  |          |  |  |  |  |
|     | ■ No □ Yes. Fill in the details.  |  |  |          |  |  |  |  |
|     | Owner's Name<br>Address (Number, Street, City, State and ZIP Code)  | Where is the property?<br>(Number, Street, City, State and ZIP<br>Code)          | Describe the property Va                         | alue     |  |  |  |  |
| Pai | t 10: Give Details About Environmental Informa  | tion   |  |          |  |  |  |  |
| For | the purpose of Part 10, the following definitions a   | ipply:   |  |          |  |  |  |  |
|     | Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous of toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material. |  |  |          |  |  |  |  |
|     | Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.  |  |  |          |  |  |  |  |
|     |   |  |  |          |  |  |  |  |
| Rep | ort all notices, releases, and proceedings that yo  | u know about, regardless of whe  | n they occurred.                                 |          |  |  |  |  |
| 24. | Has any governmental unit notified you that you   | may be liable or potentially liable  | e under or in violation of an environmental law? |          |  |  |  |  |
|     | ■ No □ Yes. Fill in the details.  |  |  |          |  |  |  |  |
|     | Name of site<br>Address (Number, Street, City, State and ZIP Code)  | Governmental unit<br>Address (Number, Street, City, State an<br>ZIP Code)        | Environmental law, if you Date of notice know it | е        |  |  |  |  |
| 25. | Have you notified any governmental unit of any release of hazardous material?   |  |  |          |  |  |  |  |
|     | ■ No □ Yes. Fill in the details.  |  |  |          |  |  |  |  |
|     | Name of site<br>Address (Number, Street, City, State and ZIP Code)  | Governmental unit Address (Number, Street, City, State an ZIP Code)              | Environmental law, if you Date of notice know it | е        |  |  |  |  |
| 26. | Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.   |  |  |          |  |  |  |  |
|     | ■ No □ Yes. Fill in the details.  |  |  |          |  |  |  |  |
|     | Case Title Case Number  | Court or agency<br>Name<br>Address (Number, Street, City,<br>State and ZIP Code) | Nature of the case Status of the case            | <b>)</b> |  |  |  |  |
| Pa  | t 11: Give Details About Your Business or Conn  | ections to Any Business  |  |          |  |  |  |  |
| 27. | Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?  |  |  |          |  |  |  |  |
|     | ☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time   |  |  |          |  |  |  |  |
|     | ☐ A member of a limited liability company (LLC) or limited liability partnership (LLP)  |  |  |          |  |  |  |  |
|     | ☐ A partner in a partnership  |  |  |          |  |  |  |  |
|     | ☐ An officer, director, or managing executive of a corporation  |  |  |          |  |  |  |  |
|     | An owner of at least 5% of the voting or equity securities of a corneration   |  |  |          |  |  |  |  |

Official Form 107

| Debtor 1 Joseph E Landi   | Ca  | se number (if known)  |
|---|---|---|
|   |   |   |
| ■ No. None of the above applies. Go to  | Part 12.  |   |
| ☐ Yes. Check all that apply above and fi  | II in the details below for each business.                            |   |
| Business Name Address (Number, Street, City, State and ZIP Code)  | Describe the nature of the business  Name of accountant or bookkeeper | Employer Identification number<br>Do not include Social Security number or ITIN.  |
|   |   | Dates business existed  |
| <ul> <li>28. Within 2 years before you filed for bankrup institutions, creditors, or other parties.</li> <li>No</li> <li>Yes. Fill in the details below.</li> </ul> | otcy, did you give a financial statement to a                         | nyone about your business? Include all financial  |
| Name  | Date Issued   |   |
| Address (Number, Street, City, State and ZIP Code)  | Date Issueu   |   |
| Part 12: Sign Below   |   |   |
|   | a false statement, concealing property, or o                          | declare under penalty of perjury that the answers<br>btaining money or property by fraud in connection<br>ars, or both. |
| /s/ Joseph E Landi  |   |   |
| Joseph E Landi<br>Signature of Debtor 1   | Signature of Debtor 2   |   |
| Date December 6, 2019   | Date  |   |
| Did you attach additional pages to Your Statem  No  ☐ Yes   | ent of Financial Affairs for Individuals Filin                        | g for Bankruptcy (Official Form 107)?   |
| Did you pay or agree to pay someone who is no ■ No  | ot an attorney to help you fill out bankrupto                         | y forms?  |
| ☐ Yes. Name of Person Attach the Bankr  | uptcy Petition Preparer's Notice, Declaration, a                      | and Signature (Official Form 119).  |

| Fill in this inform                   | nation to identify your                        | case:                                       |                     |  |             |   |
|---------------------------------------|--|---|---------------------|--|-------------|---|
| Debtor 1                              | Joseph E Landi                                 |   |                     |  |             |   |
| Debtor 2                              | First Name                                     | Middle Name                                 |                     | Last Name  |             |   |
| (Spouse if, filing)                   | First Name                                     | Middle Name                                 |                     | Last Name  | -           |   |
| United States Ba                      | nkruptcy Court for the:                        | EASTERN DISTR                               | RICT OF NEV         | V YORK   |             |   |
| Case number _                         |  |   |                     |  |             | ☐ Check if this is an amended filing                            |
| Official Fo<br>Statemer               |  | n for Indiv                                 | ⁄iduals             | Filing Under Cha   | pter 7      | 7 12/15   |
|                                       | vidual filing under cha                        | • • •                                       | I out this for      | m if:  |             |   |
| ■ you have leas<br>You must file this | ver is earlier, unless th                      | nd the lease has n                          | you file you        | r bankruptcy petition or by the da<br>luse. You must also send copies  |             |   |
|                                       | eople are filing together<br>ad date the form. | in a joint case, bo                         | oth are equal       | ly responsible for supplying corr  | ect inform  | nation. Both debtors must                                       |
| write ye                              | our name and case nur                          | nber (if known).                            | s needed, at        | tach a separate sheet to this form   | . On the t  | op of any additional pages,                                     |
| 1. For any credite                    |  |   | : Creditors \       | Who Have Claims Secured by Pro   | perty (Off  | icial Form 106D), fill in the                                   |
| Identify the cre                      | elow.<br>editor and the property t             | nat is collateral                           | What do y secures a | you intend to do with the property<br>debt?  | y that      | Did you claim the property as exempt on Schedule C?             |
|                                       |  |   |                     |  |             |   |
| Creditor's <b>B</b> name:             | ethpage Fed Cr Unio                            | on  |                     | der the property. the property and redeem it.  |             | □ No  |
| Description of                        | 2011 Nissan Rogu                               | e 115,000                                   | ☐ Retain            | the property and enter into a rmation Agreement.   |             | ■ Yes   |
| property<br>securing debt:            | miles<br>Subject to lien                       |   |                     | the property and [explain]: and pay according to loan ter  | ms          |   |
|                                       |  |   |                     |  |             |   |
| For any unexpire in the informatio    | n below. Do not list rea                       | ase that you listed<br>Il estate leases. Un | expired leas        | G: Executory Contracts and Une<br>ses are leases that are still in effe-<br>does not assume it. 11 U.S.C. § 36 | ct; the lea | ases (Official Form 106G), fill<br>se period has not yet ended. |
| Describe your u                       | nexpired personal pro                          | perty leases                                |                     |  | Wil         | I the lease be assumed?   |
| Lessor's name:                        |  |   |                     |  |             | No  |
| Description of lea<br>Property:       | ased   |   |                     |  |             | Yes   |
| Lessor's name:                        | 200d   |   |                     |  |             | No  |
| Description of lea<br>Property:       | a> <del>c</del> U                              |   |                     |  |             | Yes   |
| Lessor's name:                        |  |   |                     |  |             | No  |
| Official Form 108                     |  | Statement of In                             | tention for I       | ndividuals Filing Under Chapter 7  | 7           | page 1  |

| Deb | otor 1              | Joseph E La           | ndi   | Case numb   | er (if known)                           |  |
|-----|---------------------|-----------------------|---|---|---|--|
| Dos | ccrintio            | n of leased           |   |   |   |  |
|     | perty:              | ii oi leaseu          |   |   | ☐ Yes                                   |  |
|     | sor's n             | name:<br>on of leased |   |   | □ No                                    |  |
|     | perty:              | iii oi leased         |   |   | ☐ Yes                                   |  |
|     | sor's n             |                       |   |   | □ No                                    |  |
|     | perty:              | n of leased           |   |   | ☐ Yes                                   |  |
|     | sor's n             |                       |   |   | □ No                                    |  |
|     | perty:              | n of leased           |   |   | ☐ Yes                                   |  |
|     | sor's n             |                       |   |   | □ No                                    |  |
|     | scription<br>perty: | n of leased           |   |   | ☐ Yes                                   |  |
| Par | t 3:                | Sign Below            |   |   |   |  |
|     |                     |                       | I declare that I have indi<br>an unexpired lease. | icated my intention about any property of my esta | te that secures a debt and any personal |  |
| Χ   | /s/ J               | oseph E Land          | li  | X   |   |  |
|     | Joseph E Landi      |                       | Signature of Debtor 2                             | Signature of Debtor 2                             |   |  |
|     | Signa               | ature of Debtor 1     |   |   |   |  |
|     | Date                | Decembe               | r 6, 2019   | Date  |   |  |

|                        |  | T T  |  |                                   |                        |   |                                   |
|------------------------|--|--|--|-----------------------------------|------------------------|---|-----------------------------------|
| Fill in th             | is information to identify your case:  |  |  |                                   | only as d              | irected in this form and  | in Form                           |
| Debtor                 | Joseph E Landi   |  | 122                                    | 2A-1Supp:                         |                        |   |                                   |
| Debtor<br>(Spouse,     |  |  |  | ■ 1. There is                     | no pres                | umption of abuse  |                                   |
| United                 | States Bankruptcy Court for the: Eastern District of   | New York                                   | '                                      | applies                           | will be n              | o determine if a presur<br>nade under <i>Chapter 7</i>            | •                                 |
| Case no<br>(if known)  | umber  |  |  | ☐ 3. The Mea                      | ans Test               | cial Form 122A-2).  does not apply now be service but it could ap |                                   |
|                        |  |  |  |                                   |                        | n amended filing  | p.y                               |
| Offic                  | ial Form 122A - 1  |  |  |                                   |                        | · ·   |                                   |
| Chai                   | oter 7 Statement of Your Cur   | rent Mor                                   | nthly Inc                              | ome                               |                        |   | 12/15                             |
| attach a :<br>case nun | mplete and accurate as possible. If two married people a separate sheet to this form. Include the line number to whose (if known). If you believe that you are exempted from grain and the service, complete and file Statement of Exemple Calculate Your Current Monthly Income | hich the additior<br>m a presumption       | nal information a<br>of abuse becau    | applies. On the<br>se you do not  | top of an              | ny additional pages, writ<br>narily consumer debts o              | te your name and<br>or because of |
| 1. <b>W</b>            | hat is your marital and filing status? Check one or  | ıly.                                       |  |                                   |                        |   |                                   |
|                        | Not married. Fill out Column A, lines 2-11.  |  |  |                                   |                        |   |                                   |
|                        | Married and your spouse is filing with you. Fill or  | ıt both Columns                            | A and B, lines                         | 2-11.                             |                        |   |                                   |
|                        | $\label{eq:married} \textbf{Married and your spouse is NOT filing with you.}$  | You and your s                             | spouse are:                            |                                   |                        |   |                                   |
|                        | $\square$ Living in the same household and are not lega  | Illy separated.                            | Fill out both Co                       | lumns A and                       | B, lines 2             | 2-11.   |                                   |
|                        | Living separately or are legally separated. Fill<br>penalty of perjury that you and your spouse are l<br>living apart for reasons that do not include evading.   | egally separated                           | d under nonban                         | kruptcy law th                    | nat applie             | es or that you and your   |                                   |
| 101(1<br>the 6         | the average monthly income that you received from all 0A). For example, if you are filing on September 15, the 6-m months, add the income for all 6 months and divide the total es own the same rental property, put the income from that p                                      | onth period would<br>by 6. Fill in the res | be March 1 throus sult. Do not include | ugh August 31.<br>de any income a | If the amo<br>amount m | ount of your monthly incompre than once. For examp                | ne varied during<br>ble, if both  |
|                        |  |  |  | Column A Debtor 1                 |                        | Column B Debtor 2 or non-filing spouse                            |                                   |
|                        | our gross wages, salary, tips, bonuses, overtime, yroll deductions).   | and commission                             | ons (before all                        | \$                                | 0.00                   | \$  |                                   |
|                        | imony and maintenance payments. Do not include<br>llumn B is filled in.  | payments from                              | a spouse if                            | \$                                | 0.00                   | \$  |                                   |
| <b>of</b><br>fro<br>an | I amounts from any source which are regularly payou or your dependents, including child support m an unmarried partner, members of your household roommates. Include regular contributions from a sped in. Do not include payments you listed on line 3.                         | Include regular<br>d, your depende         | contributions nts, parents,            | \$                                | 0.00                   | \$  |                                   |
| 5. <b>N</b> e          | t income from operating a business, profession,  |  |  |                                   |                        |   |                                   |
|                        |  |  | otor 1                                 |                                   |                        |   |                                   |
|                        | oss receipts (before all deductions)   | \$ <u>0.00</u><br>-\$ <u>0.00</u>          |  |                                   |                        |   |                                   |
|                        | dinary and necessary operating expenses  | 0.00                                       | Copy here ->                           | \$                                | 0.00                   | \$  |                                   |
|                        | et monthly income from a business, profession, or far<br>et income from rental and other real property   | m \$                                       | copy note >                            | Ψ                                 | 0.00                   | Ψ   |                                   |
| 6. <b>N</b> €          | a moonie from rental and other real property   | Deb  | otor 1                                 |                                   |                        |   |                                   |
| Gr                     | oss receipts (before all deductions)   | \$ 0.00                                    |  |                                   |                        |   |                                   |
|                        | dinary and necessary operating expenses  | -\$ 0.00                                   |  |                                   |                        |   |                                   |
| Ne                     | et monthly income from rental or other real property   | \$ 0.00                                    | Copy here ->                           | \$                                | 0.00                   | \$  |                                   |
| 7. <b>In</b> t         | erest, dividends, and royalties  |  |  | \$                                | 0.00                   | \$  |                                   |

Official Form 122A-1

Case number (if known)

|      |                            |   |  |   |                  | Column A Debtor 1 |   | Column B  Debtor 2 or non-filing s |           |                |
|------|----------------------------|---|--|---|------------------|-------------------|---|------------------------------------|-----------|----------------|
| 8.   | Unem                       | ployme  | ent compensation   |   |                  | \$ 1,             | 144.00                                  | \$                                 |           |                |
|      |                            |   | he amount if you contend that the amo<br>curity Act. Instead, list it here:  | ount received was a be                              | enefit under     |                   |   |                                    |           |                |
|      | For                        | you <sub></sub>                               |  | \$  | 0.00             |                   |   |                                    |           |                |
|      | For                        | your sp                                       | ouse   | \$  |                  |                   |   |                                    |           |                |
| 9.   |                            |   | etirement income. Do not include any   | amount received that                                | was a            | \$                | 0.00                                    | \$                                 |           |                |
| 10.  | Incom<br>Do not<br>receive | ne from<br>t include<br>ed as a<br>stic terro | the Social Security Act.  all other sources not listed above.  any benefits received under the Soci victim of a war crime, a crime against vism. If necessary, list other sources of | al Security Act or pays<br>humanity, or internation | ments<br>onal or | Ψ                 |   | Ψ                                  |           |                |
|      | เบเลเมเ                    | elow.   |  |   |                  | \$                | 0.00                                    | \$                                 |           |                |
|      |                            | ·   |  |   |                  | \$                | 0.00                                    | \$                                 |           |                |
|      |                            | Total   | amounts from separate pages, if any  |   |                  | \$                | 0.00                                    | \$                                 |           |                |
|      |                            |   |  |   |                  | <u> </u>          | 1                                       |                                    |           |                |
| 11.  |                            |   | ur total current monthly income. Ad-<br>Then add the total for Column A to the   |   | s                | 1,144.00          | + 5 _                                   |                                    | = \$      | 1,144.00       |
|      |                            |   |  |   |                  |                   |   |                                    |           | urrent monthly |
| Part | 2:                         | Determ  | nine Whether the Means Test Applie   | es to You   |                  |                   |   |                                    | incom     | 3              |
|      |                            |   |  |   |                  |                   |   |                                    |           |                |
| 12.  | Calcul                     | late you                                      | ur current monthly income for the y  | ear. Follow these step                              | s:               |                   |   |                                    |           |                |
|      | 12a. C                     | Сору уоц                                      | ur total current monthly income from lin   | ne 11   |                  | Сору              | line 11 h                               | nere=>                             | \$        | 1,144.00       |
|      | M                          | /lultiply b                                   | by 12 (the number of months in a year  | )   |                  |                   |   |                                    | X 1       |                |
|      | 12b. T                     | he resu                                       | It is your annual income for this part o   | f the form  |                  |                   |   | 12b.                               | \$        | 13,728.00      |
| 12   | Calcul                     | lata tha                                      | median family income that applies  | to you Follow these                                 | etane:           |                   |   |                                    |           |                |
| 13.  |                            |   |  |   | sieps.           |                   |   |                                    |           |                |
|      | Fill in t                  | the state                                     | e in which you live.   | NY  |                  |                   |   |                                    |           |                |
|      | Fill in t                  | the num                                       | ber of people in your household.   | 1   |                  |                   |   |                                    |           |                |
|      | To find                    | d a list o                                    | ian family income for your state and s<br>f applicable median income amounts,<br>This list may also be available at the b  | go online using the lin                             | nk specified     | in the separa     | ate instruc                             | 13.<br>tions                       | \$        | 55,333.00      |
| 14   |                            |   | nes compare?   | armapisy district simes                             |                  |                   |   |                                    |           |                |
|      | 14a.                       | <b>=</b> L                                    | ine 12b is less than or equal to line 13   | 3. On the top of page 1                             | , check box      | 1, There is r     | no presum                               | ption of abuse                     | 9.        |                |
|      | 14b.                       |   | So to Part 3.<br>ine 12b is more than line 13. On the to<br>So to Part 3 and fill out Form 122A-2.   | op of page 1, check bo                              | ox 2, The pro    | esumption of      | abuse is                                | determined by                      | Form 12   | 22A-2.         |
| Part | 3:                         | Sign B  |  |   |                  |                   |   |                                    |           |                |
|      |                            |   | ig here, I declare under penalty of per  | iury that the information                           | n on this sta    | atement and       | in anv atta                             | achments is tru                    | ue and co | orrect.        |
|      |                            | , ,   |  | ,             |                  |                   | , |                                    |           |                |
|      | Х                          |   | seph E Landi   |   |                  |                   |   |                                    |           |                |
|      |                            |   | oh E Landi<br>ure of Debtor 1  |   |                  |                   |   |                                    |           |                |
|      | Date                       | Dece  | mber 6, 2019   |   |                  |                   |   |                                    |           |                |
|      | If                         |   | ecked line 14a, do NOT fill out or file F  | orm 122A-2.   |                  |                   |   |                                    |           |                |
|      |                            | •   | ecked line 14b, fill out Form 122A-2 ar  |   |                  |                   |   |                                    |           |                |

Joseph E Landi

Debtor 1

| Debtor 1 Joseph E Landi | Case number (if known) |  |
|-------------------------|------------------------|--|
| Debior Joseph E Landi   | Case number (II known) |  |

# **Current Monthly Income Details for the Debtor**

#### **Debtor Income Details:**

Income for the Period 06/01/2019 to 11/30/2019.

#### Line 8 - Unemployment compensation (included in CMI)

Source of Income: Unemployment

Income by Month:

| 6 Months Ago: | 06/2019            | \$624.00   |
|---------------|--------------------|------------|
| 5 Months Ago: | 07/2019            | \$1,248.00 |
| 4 Months Ago: | 08/2019            | \$1,248.00 |
| 3 Months Ago: | 09/2019            | \$1,248.00 |
| 2 Months Ago: | 10/2019            | \$1,248.00 |
| Last Month:   | 11/2019            | \$1,248.00 |
|               | Average per month: | \$1,144.00 |

B2030 (Form 2030) (12/15)

### United States Bankruptcy Court Eastern District of New York

|      |  | ern District of New Torr  | <b>\</b>   |                                      |                            |
|------|--|---|--|--------------------------------------|----------------------------|
| In r | Joseph E Landi   | Debtor(s)   | Case N   |                                      |                            |
|      |  | Debtor(s)   | Chapte   | . <u>/</u>                           |                            |
|      | DISCLOSURE OF COMPEN   | NSATION OF ATTOR  | RNEY FOR I   | DEBTOR(S)                            |                            |
| 1.   | Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(compensation paid to me within one year before the filing be rendered on behalf of the debtor(s) in contemplation of  | g of the petition in bankruptcy,  | or agreed to be pa                                   | aid to me, for service               |                            |
|      | For legal services, I have agreed to accept  |   | \$   | 1,400.00                             |                            |
|      | Prior to the filing of this statement I have received  |   |  | 1,400.00                             |                            |
|      | Balance Due  |   |  | 0.00                                 |                            |
| 2.   | The source of the compensation paid to me was:   |   |  |                                      |                            |
|      | ■ Debtor □ Other (specify):  |   |  |                                      |                            |
| 3.   | The source of compensation to be paid to me is:  |   |  |                                      |                            |
|      | ■ Debtor □ Other (specify):  |   |  |                                      |                            |
| 4.   | ■ I have not agreed to share the above-disclosed compe   | ensation with any other person  | unless they are m                                    | embers and associa                   | ites of my law firm.       |
|      | ☐ I have agreed to share the above-disclosed compensations copy of the agreement, together with a list of the name   |   |  |                                      | my law firm. A             |
| 5.   | In return for the above-disclosed fee, I have agreed to re-  | nder legal service for all aspects  | s of the bankrupto                                   | y case, including:                   |                            |
|      | <ul><li>a. Analysis of the debtor's financial situation, and render</li><li>b. Preparation and filing of any petition, schedules, state</li><li>c. Representation of the debtor at the meeting of creditor</li><li>d. [Other provisions as needed]</li></ul> | ement of affairs and plan which   | may be required;                                     | -                                    | bankruptcy;                |
| 6.   | By agreement with the debtor(s), the above-disclosed fee Negotiations with secured creditors to reaffirmation agreements and application 522(f)(2)(A) for avoidance of liens on howactions, judicial lien avoidances, relief frequest.                       | educe to market value; exe<br>ns as needed; preparation<br>usehold goods. Represent | emption planning<br>and filing of materion of the de | otions pursuant<br>btors in any disc | to 11 USC<br>chargeability |
|      |  | CERTIFICATION   |  |                                      |                            |
| this | I certify that the foregoing is a complete statement of any bankruptcy proceeding.   | agreement or arrangement for  | payment to me for                                    | or representation of                 | the debtor(s) in           |
| _[   | December 6, 2019   | /s/ Richard F. Artı   |  |                                      |                            |
| 1    | Date   | Richard F. Artura   |  |                                      |                            |
|      |  | Signature of Attorne Phillips, Artura &   |  |                                      |                            |
|      |  | 165 South Wellwo  | ood Avenue   |                                      |                            |
|      |  | Lindenhurst, NY 1<br>631-226-2100 Fa  |  | )                                    |                            |
|      |  | Bankruptcy@pwo  |  |                                      |                            |
|      |  | Name of law firm  |  |                                      |                            |

# **United States Bankruptcy Court Eastern District of New York**

| In re | Joseph E Landi | h E Landi |         |   |
|-------|----------------|-----------|---------|---|
|       |                | Debtor(s) | Chapter | 7 |

## **VERIFICATION OF CREDITOR MATRIX**

The above named debtor(s) or attorney for the debtor(s) hereby verify that the attached matrix (list of creditors) is true and correct to the best of their knowledge.

Richard F. Artura ra8161
Phillips, Artura & Cox
165 South Wellwood Avenue
Lindenhurst, NY 11757
631-226-2100 Fax: 631-226-2160

USBC-44 Rev. 9/17/98

Absolute Resolutions Investments/1st National c/o Forster & Garbus LLP PO Box 9030 Commack, NY 11725-9030

Alpha Recovery Corp 6912 S Quentin St Unit 10 Centennial, CO 80112

Bethpage Fed Cr Union 899 S Oyster Bay Bethpage, NY 11714

First National Bank of Omaha PO Box 2490 Omaha, NE 68103-2490

Goodyear Tire/cbna Po Box 6497 Sioux Falls, SD 57117

Mandarich Law Group LLP 5965 Transit Road Suite 500 East Amherst, NY 14051

Midland Funding 320 East Big Beaver Troy, MI 48083

Netcollction 2774 N Cobb Parkway Kennesaw, GA 30152

New York Community Bank/First Bankcard PO Box 2557 Omaha, NE 68103-2557

North Shore LIJ Medical Group PO Box 12051 Newark, NJ 07101 Onemain
Po Box 1010
Evansville, IN 47706

Professional Claims Bureau Inc PO Box 9060 Hicksville, NY 11802-9060

Prosper Funding LLC 221 Main Street Suite 300 San Francisco, CA 94105

S Shore Neurologic Assoc c/o Levinbrook Law Firm 77 Arkay Drive Suite C1 Hauppauge, NY 11788

Syncb/amazon Po Box 965015 Orlando, FL 32896

Velocity Investments LLC 1800 NJ-34 Belmar, NJ 07719

### UNITED STATES BANKRUPTCY COURT EASTERN DISTRICT OF NEW YORK

# STATEMENT PURSUANT TO LOCAL **BANKRUPTCY RULE 1073-2(b)**

| <b>DEBTOR(S):</b>  | Joseph E Landi  | CASE NO.:.  |
|--|---|---|
|  | Local Bankruptcy Rule 1073-2(b)<br>Cases, to the petitioner's best know   | , the debtor (or any other petitioner) hereby makes the following disclosure reledge, information and belief:   |
| was pending at any spouses or ex-spous partnership and one have, or within 180 | time within eight years before the f<br>ses; (iii) are affiliates, as defined in<br>or more of its general partners; (vi) | rposes of E.D.N.Y. LBR 1073-1 and E.D.N.Y. LBR 1073-2 if the earlier case filing of the new petition, and the debtors in such cases: (i) are the same; (ii) are 11 U.S.C. § 101(2); (iv) are general partners in the same partnership; (v) are a are partnerships which share one or more common general partners; or (vii) er of the Related Cases had, an interest in property that was or is included in the |
| ■ NO RELATED   | CASE IS PENDING OR HAS BEE  | EN PENDING AT ANY TIME.   |
| ☐ THE FOLLOW   | ING RELATED CASE(S) IS PEND   | DING OR HAS BEEN PENDING:   |
|  |   |   |
| 1. CASE NO.:   | JUDGE: DISTRICT/D   | IVISION:  |
| CASE STILL PENI  | DING (Y/N):   | If closed] Date of closing:   |
| CURRENT STAT   | US OF RELATED CASE:   |   |
|  |   | (Discharged/awaiting discharge, confirmed, dismissed, etc.)   |
| MANNER IN WH   | ICH CASES ARE RELATED (Refe   | er to NOTE above):  |
|  | LISTED IN DEBTOR'S SCHEDU<br>FRELATED CASE:   | JLE "A" ("REAL PROPERTY") WHICH WAS ALSO LISTED IN  |
| 2. CASE NO.:   | JUDGE: DISTRICT/D   | IVISION:  |
| CASE STILL PENI  | DING (Y/N): [A  | If closed] Date of closing:   |
| CURRENT STAT   | US OF RELATED CASE:   | (Discharged/awaiting discharge, confirmed, dismissed, etc.)   |
| MANNER IN WH   | ICH CASES ARE RELATED (Refe   | er to NOTE above):  |
|  | LISTED IN DEBTOR'S SCHEDU<br>F RELATED CASE:  | JLE "A" ("REAL PROPERTY") WHICH WAS ALSO LISTED IN  |
| 3. CASE NO.:   | JUDGE: DISTRICT/D   | IVISION:  |
| CASE STILL PENI  | DING (Y/N): [A  | If closed] Date of closing:   |
|  |   |   |

| DISCLOSURE OF RELATED CASES (cont'd)  |   |
|---|---|
| CURRENT STATUS OF RELATED CASE:   |   |
| (Di   | ischarged/awaiting discharge, confirmed, dismissed, etc.)   |
| MANNER IN WHICH CASES ARE RELATED (Refer to   | NOTE above):  |
| REAL PROPERTY LISTED IN DEBTOR'S SCHEDULE "SCHEDULE "A" OF RELATED CASE:  | A" ("REAL PROPERTY") WHICH WAS ALSO LISTED IN   |
| <i>NOTE:</i> Pursuant to 11 U.S.C. § 109(g), certain individuals v be eligible to be debtors. Such an individual will be required   | who have had prior cases dismissed within the preceding 180 days may not d to file a statement in support of his/her eligibility to file. |
| TO BE COMPLETED BY DEBTOR/PETITIONER'S ATTO   | ORNEY, AS APPLICABLE:   |
| I am admitted to practice in the Eastern District of New Yor  | k (Y/N):Y   |
| CERTIFICATION (to be signed by pro se debtor/petitioner I certify under penalty of perjury that the within bankruptcy as indicated elsewhere on this form.  /s/ Richard F. Artura | or debtor/petitioner's attorney, as applicable): case is not related to any case now pending or pending at any time, except               |
| Richard F. Artura ra8161 Signature of Debtor's Attorney Phillips, Artura & Cox 165 South Wellwood Avenue  | Signature of Pro Se Debtor/Petitioner   |
| Lindenhurst, NY 11757<br>631-226-2100 Fax:631-226-2160  | Signature of Pro Se Joint Debtor/Petitioner   |
|   | Mailing Address of Debtor/Petitioner  |
|   | City, State, Zip Code   |
|   | Area Code and Telephone Number  |

Failure to fully and truthfully provide all information required by the E.D.N.Y. LBR 1073-2 Statement may subject the debtor or any other petitioner and their attorney to appropriate sanctions, including without limitation conversion, the appointment of a trustee or the dismissal of the case with prejudice.

<u>NOTE</u>: Any change in address must be reported to the Court immediately IN WRITING. Dismissal of your petition may otherwise result.

USBC-17 Rev.8/11/2009